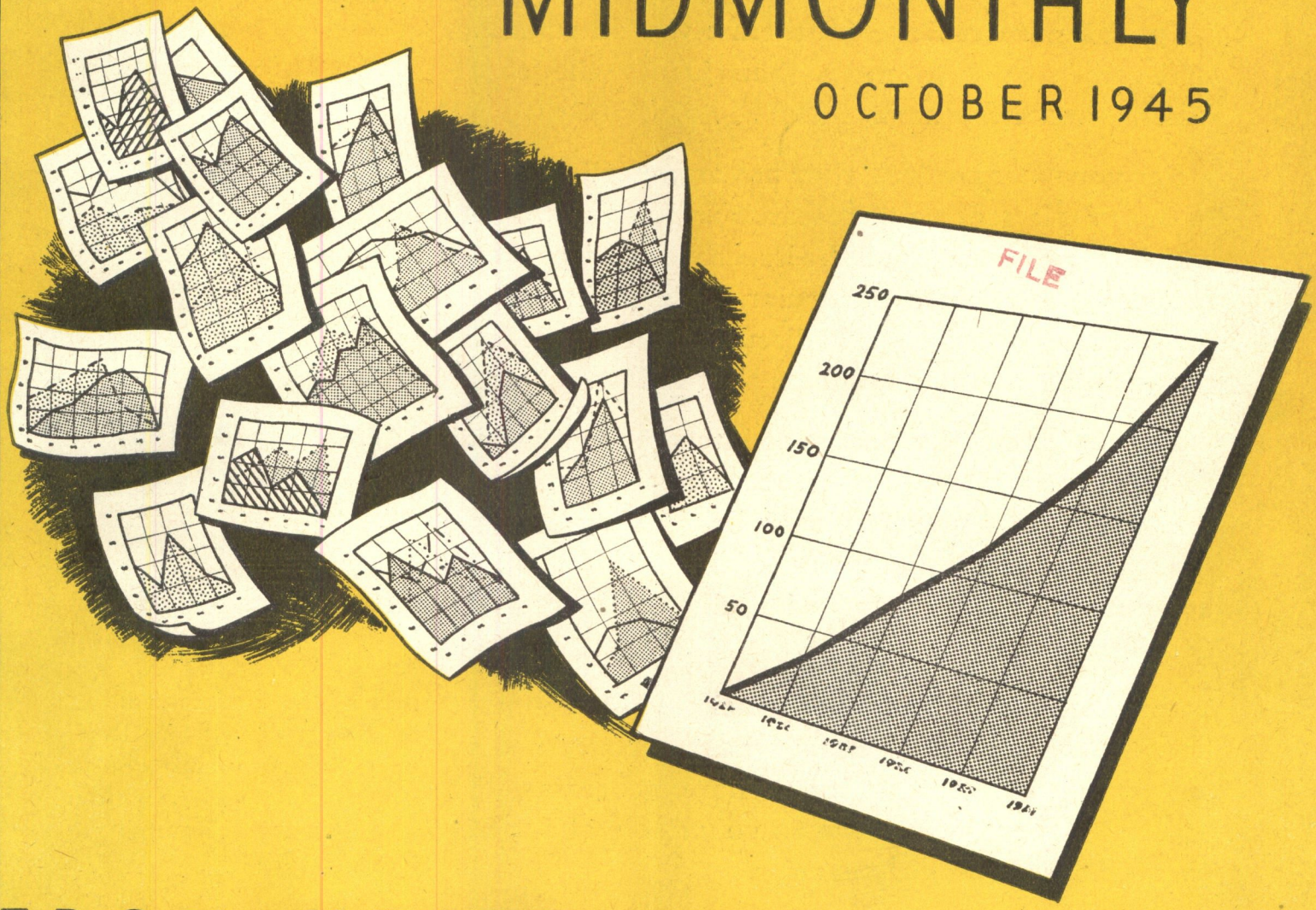
SURVEY MIDMONTHLY

OCTOBER 1945



FROM YESTERDAY TO TOMORROW IN THE VOLUNTARY HEALTH MOVEMENT

Articles by

LOUIS I. DUBLIN • REGINALD ATWATER and MARTHA LUGINBUHL • IRA HISCOCK
BRADLEY BUELL • PHILIP S. PLATT • PAUL FEISS • BLEECKER MARQUETTE

THIRTY CENTS A COPY

PUBLISHED BY SURVEY ASSOCIATES

PRODUCED BY UNZ.ORG
ELECTRONIC REPRODUCTION PROHIBITED

WHY does The Survey publish Special Numbers from time to time?

Special numbers are in themselves outstanding achievements which more than justify the effort which goes into them.

For you—our reader—they are organically related to our whole scheme of research and interpretation which carries through all the issues we publish. They focus attention on a particular problem in one or more fields of social work, discussion of which continues in the regular numbers that follow.

But special numbers serve as interpretive material to thousands who are not subscribers—within and way beyond the professional field. They become tools for the enlightenment of laymen on whose understanding and cooperation all welfare projects depend.

The theme of this number which you have in your hand challenges all citizens who are concerned in any way with community welfare programs, but especially those who serve as *volunteers and members of boards of social agencies.*

Will you see that it reaches them?

LOW PRICES

Single copies-30c each; 4 copies-$1
50 copies-$10; 100-$17; 500-$75

Order today for shipment to you for distribution, perhaps at a regular board meeting. Or send us your list and we will mail direct to individuals.

Next Month's Special Supplement
WELCOME HOME VETERANS

What can you, your agency, your board and your community do to aid service men and women to make the transition from military to civilian life? November *Survey Midmonthly* will carry a 16-page illustrated supplement discussing community services for returning veterans *for which social agencies and their boards are primarily responsible.*

FIRST HAND STUDY

The material on which this blueprint for social services is based, was gathered by first-hand study of actual experience with veterans already returned to typical American communities. Report of the first city studied by Bradley Buell and Reginald Robinson appeared in our July issue under the title: The Veteran Returns to Dayton, Ohio.

BOUND IN

Bound into the regular *Survey Midmonthly* issue, the supplement will be available also in reprint form, for distribution to professionals and laymen—and to the veterans themselves — to provide all concerned with facts which are basic to speedy and sound social adjustment.

Don't miss it!

MAIL YOUR ORDER AT ONCE TO SURVEY MIDMONTHLY • 112 EAST 19 STREET • NEW YORK 3, N. Y.

PRODUCED BY UNZ.ORG
ELECTRONIC REPRODUCTION PROHIBITED

PALO ALTO
LIBRARY

THE STRUCTURE OF MAN'S MIND

Books on: Psychoanalysis — Psychiatry — Education

MAN, MORALS AND SOCIETY

By J. C. Flugel, B. A., D. Sc.

A discussion of the psychology of moral motives and ethical problems in the light of recent studies and re-evaluations.

$4.50

THE PSYCHOANALYTIC STUDY OF THE CHILD. An Annual. 1945

Edited by leading American and British Psychoanalysts

A yearly guide for experts and specialists whose task it will be to direct the formative years of the next generation.

$6.00

THE YEARBOOK OF PSYCHOANALYSIS. An Annual. 1945

Sandor Lorand, M.D., Managing Editor

A representative cross-section of important contributions to psychoanalysis, published, widely scattered, in foreign and domestic journals and books.

$10.00

MODERN TRENDS IN CHILD PSYCHIATRY

Edited by Nolan D. C. Lewis, M.D., and Bernard L. Pacella, M.D.

A survey of significant new findings in diagnosis, treatment and possible prevention of early mental disorders.

$6.00

PSYCHIATRY TODAY AND TOMORROW

By Samuel Z. Orgel, M.D.,

A comprehensive survey of the field, from mental dynamics to therapeutic measures.

$6.00

TOTAL WAR AND THE HUMAN MIND

By Lt. Col. A. M. Meerloo

An investigation into phenomena of mass reaction, the psychology of courage, and the psychological roots of such political concepts as Democracy and Fascism.

$1.75

PSYCHOANALYSIS TODAY

Edited by Sandor Lorand, M.D.
Foreword by Smith Ely Jelliffe, M.D.

". . . offers the interested person an opportunity to acquire . . . a general knowledge of the scope and basic principles of psychoanalysis . . ." *The Family,* Journal of Social Case Work.

$6.00

WAR AND CHILDREN

By Anna Freud and Dorothy T. Burlingham
Edited by Philip R. Lehrman, M.D.

A MUST for parents and teachers who are concerned with the mental health of the youngsters, and are anxious to protect them from mental injuries.

$2.00

INFANTS WITHOUT FAMILIES

By Anna Freud and Dorothy T. Burlingham

A practical and realistic solution to the problems of disrupted family life.

$2.00

THE PROBLEM TEACHER

By A. S. Neill

A stimulating discussion of the results of Mr. Neill's progressive educational methods that make for a better personality integration.

$2.50

Ask for free catalogues.

Order These Books From Your Bookstore or Direct From

International Universities Press, Inc., 227 West 13 Street, New York 11, N. Y.

SURVEY MIDMONTHLY for October 1945. LXXXI, No. 10. Published monthly and copyright 1945 by SURVEY ASSOCIATES, INC. Composed and printed by union labor at the Hughes Printing Company, East Stroudsburg, Pa., U. S. A. Publication Office, 34 North Crystal Street, East Stroudsburg, Pa. Editorial and business office, 112 East 19 Street, New York 3, N. Y. Price this issue 30 cents; $3 a year; foreign postage 50 cents extra, Canadian 75 cents. Entered as second class matter on June 22 1940 at the post office at East Stroudsburg, Pa., under the Act of March 3, 1879. Acceptance for mailing at a special rate of postage provided for in Section 1103 Act of October 3, 1917, authorized December 1, 1921.

PRODUCED BY UNZ.ORG
ELECTRONIC REPRODUCTION PROHIBITED

Just Issued! *An Interpretive Study:*

VOLUNTARY HEALTH AGENCIES

By **SELSKAR M. GUNN**
Late Vice-President of the Rockefeller Foundation

and **PHILIP S. PLATT, PH.D.**
Executive Director of the New York Association for the Blind

With a Foreword by LOUIS I. DUBLIN

HERE IS THE FIRST COMPREHENSIVE STUDY ever made to diagnose the "healthfulness" of the more than 20,000 agencies in this country. Sponsored by the *National Health Council,* the 3 years' investigation constitutes the authoritative appraisal of where the health movement stands today, together with an analysis of the past and, even more significantly from the standpoint of those charged with direction of effort, concrete recommendations for future operation.

Specifically, the book deals with clearly defined matters of administration. It shows what is to be expected of the various departments of agency personnel, from the executive down through his staff, in the interest of more effective functioning. It outlines better methods of accounting; offers important and far-reaching plans for concerted effort in raising money. It includes a Self-Evaluation Schedule against which every agency will want to check itself to decide whether it has a clean "bill of health" or needs some doctoring.

VOLUNTARY HEALTH AGENCIES reflects not only the efforts of the authors, Mr. Gunn and Dr. Platt, but also the experience and wisdom of many leaders in the field. The full report, involving 712 agencies, public and private, which were visited in the course of the investigation, provides in one place much important data invaluable—

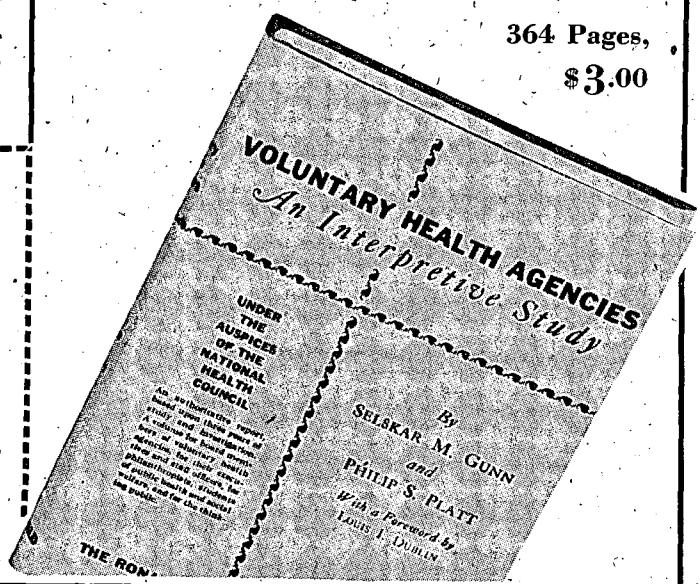
for the Board Member,
the Executive and Staff
of
VOLUNTARY HEALTH AGENCIES
COMMUNITY CHESTS
COUNCILS OF SOCIAL AGENCIES
NATIONAL HEALTH AGENCIES

Chapters

The Case Is Stated
Definition, Origins, Types
Social Values and Functions of Voluntary Health Agencies
Where Voluntary Health Agencies Lag
The Human Factor
What Voluntary Health Agencies Can Do to Increase Their Effectiveness
Democratic Process at Work
The Role of the State Organizations
The Role of the National Organizations
The Problem at the National Level
Financing Voluntary Health Work
Professional Organizations
American National Red Cross
Volunteers
Health Activities of Civic and Welfare Organizations
The Future
In Conclusion
Appendices
Agencies Studied
Statistical Tables
Self-Evaluation Schedule

SEND FOR A COPY
The coupon below is inserted for your convenience

364 Pages,
$3.00



The Ronald Press Company
15 E. 26th Street, New York 10, N. Y.

Please send me a copy of *Voluntary Health Agencies.* Within 5 days after receipt I will remit $3.00 (plus delivery) or return the book. *(Postpaid if you remit with order; money refunded on request.)* M69

Name .....

Address .....

City & State .....

Business or Reference .....

Under the Auspices of the NATIONAL HEALTH COUNCIL
Committee for the Study of Voluntary Health Agencies

Executive Committee

Louis I. Dublin, Ph.D., Chairman
Second Vice President and Statistician, Metropolitan Life Insurance Company; Assistant to Chairman, American Red Cross
REGINALD M. ATWATER, M.D.
Executive Secretary, American Public Health Association
IRA V. HISCOCK, Sc.D.
Professor of Public Health, Yale University
BLEECKER MARQUETTE
Executive Secretary, Public Health Federation, Cincinnati
EMILIE G. SARGENT, R.N.
Executive Director, Visiting Nurse Association, Detroit

Advisory Committee

DONALD B. ARMSTRONG, M.D.
Second Vice President, Welfare Division, Metropolitan Life Insurance Company
W. W. BAUER, M.D.
Director, Bureau of Health Education, American Medical Association
MAURICE A. BIGELOW, Ph.D.
President, American Eugenics Society
HON. FRANCES P. BOLTON
Member, House of Representatives, Congress of the United States
ROBERT E. BONDY
Administrator, Services of Armed Forces, American National Red Cross
BRADLEY BUELL
Executive Editor, Survey-Mid-Monthly
WALTER CLARKE, M.D.
Executive Director, American Social Hygiene Association
SAIDIE ORR DUNBAR
Executive Secretary, Oregon Tuberculosis Association
MARTHA M. ELIOT, M.D.
Associate Chief, United States Children's Bureau
KENDALL EMERSON, M.D.
Managing Director, National Tuberculosis Association
JAMES L. FIESER
Vice-Chairman at Large, American National Red Cross
HOMER FOLKS
Secretary, State Charities Aid Association
HOWARD W. GREEN
Secretary, Cleveland Health Council
RUTH HOULTON, R.N.
General Director, National Organization for Public Health Nursing
HUGH R. LEAVELL, M.D.
Health Officer, Louisville, Kentucky
H. M. MARVIN, M.D.
Acting Executive Director, American Heart Association
ELEANOR BROWN MERRILL
Executive Director, National Society for Prevention of Blindness
SOPHIE NELSON, R.N.
Director, Visiting Nurse Service, John Hancock Life Insurance Company
G. FORD McGINNES, M.D.
Medical Director, American National Red Cross
GEO. ST. JOHN PERROTT
Chief, Division of Public Health Methods, United States Public Health Service
W. P. SHEPARD, M.D.
Third Vice President, Metropolitan Life Insurance Company
GEORGE S. STEVENSON
Medical Director, National Committee for Mental Hygiene
CLAIR E. TURNER, Dr.P.H.
Professor (Retired), Department of Biology and Public Health, Massachusetts Institute of Technology
HENRY VAUGHAN, Dr.P.H.
Dean, School of Public Health, University of Michigan
RAY LYMAN WILBUR, M.D.
Chancellor, Leland-Stanford University
C.-E. A. WINSLOW, Dr.P.H.
Professor of Public Health, School of Medicine, Yale University

Published by **THE RONALD PRESS COMPANY • 15 East 26th Street, New York 10, N. Y.**

(In answering advertisements please mention SURVEY MIDMONTHLY*)*

PRODUCED BY UNZ.ORG
ELECTRONIC REPRODUCTION PROHIBITED

SURVEY MIDMONTHLY

JOURNAL OF SOCIAL WORK

SURVEY ASSOCIATES, INC.
Publishers of
Survey Midmonthly - Survey Graphic
Subscription to either, $3; both, $5
Editorial and Business Office
112 East 19th Street, New York 3, N. Y.

JOSEPH P. CHAMBERLAIN, *chairman of the Board;* RICHARD B. SCANDRETT, JR., *president;* JOHN PALMER GAVIT, AGNES BROWN LEACH, *vice president;* ANN REED BRENNER, *secretary.*

Survey Midmonthly

PAUL KELLOGG, *editor.*
BRADLEY BUELL, *executive editor.*

BEULAH AMIDON, ANN REED BRENNER, HELEN CHAMBERLAIN, KATHRYN CLOSE, MICHAEL M. DAVIS, JOHN PALMER GAVIT, HARRY HANSEN, FLORENCE LOEB KELLOGG, LOULA D. LASKER, MARION ROBINSON, LEON WHIPPLE, *associate editors.*

EDWARD T. DEVINE, GERTRUDE SPRINGER, MARY ROSS, JOANNA C. COLCORD, RUSSELL H. KURTZ, HELEN CODY BAKER, ALAIN LOCKE, *contributing editors.*

WALTER F. GRUENINGER, *business manager;* MOLLIE CONDON, *circulation manager;* MARY R. ANDERSON, *advertising manager;* ANNE ROLLER ISSLER, DOROTHY PUTNEY, *field representatives.*

CONTENTS

Cover by Pictograph Corporation

Contrast of Need and Support: Chart 252

From Yesterday to Tomorrow ..... BRADLEY BUELL 253

The Challenge to Action ..... LOUIS I. DUBLIN 255

Gaps in Our Battle Line ..... IRA V. HISCOCK 258

Leadership—A First Imperative ..... PHILIP S. PLATT 261

Health Agencies: Private or Public? ..... REGINALD M. ATWATER AND MARTHA LUGINBUHL 264

The Need for Teamwork ..... BLEECKER MARQUETTE 267

One Fund for All ..... PAUL L. FEISS 269

The Common Welfare 273

Here in Washington ..... RILLA SCHROEDER 274

Book Reviews 275

Copyright, 1945, Survey Associates, Inc. All rights reserved.

Our Authors

DR. PHILIP PLATT, CO-AUTHOR OF "VOLUNTARY Health Agencies" and executive director of the New York Association for the Blind, was born in Scranton, Pa., and received his Ph.D. in Public Health from Yale University. He began his career in public health with the New York Association for Improving the Condition of the Poor, and later spent three years abroad with war relief agencies. Returning to this country, he went from the New Haven Health Center to the staff which produced the famous *Health Survey of 86 Cities,* sponsored by the American Child Health Association, and the forerunner of the Committee on Administrative Practices, which fostered the evaluation of local health units. From 1939 to 1942, he directed Palama Settlement in Honolulu which, in addition to the settlement program, conducted a wide range of private health services for the island of Oahu. He returned to the states to collaborate with Selskar Gunn on the study of voluntary health agencies.

NATIONALLY-KNOWN FIGURE IN THE health field, Dr. Louis I. Dublin is second vice-president and statistician for the Metropolitan Life Insurance Company, New York. He is also serving as assistant to the chairman of the American Red Cross. Dr. Dublin was chairman of the executive committee under whose direction the study of voluntary health agencies was carried out.

COLONEL IRA V. HISCOCK IS PROFESSOR OF Public Health at the Yale University School of Medicine. He has done many local health surveys and in 1936 conducted a survey for the National Health Council. He returned to his job of training public health administrators in the spring of 1945, after a period of service in Italy with the AMG.

DR. REGINALD M. ATWATER, EXECUTIVE secretary of the American Public Health Association since 1935, is a doctor of public health from Johns Hopkins. Dr. Atwater taught at the Hunan-Yale College in China and later at the Harvard School of Hygiene. Before coming to the APHA, he spent eight years as commissioner of health for the Cattaraugus County department of health in Olean, N. Y.

A RESEARCH CONSULTANT FOR THE AMERican Public Health Association, Martha Luginbuhl has served as research assistant in connection with two important health studies undertaken by New York City's Welfare Council, and has collaborated with Dr. Emerson Haven in preparation of "Health Units for the Nation," just published by the Commonwealth Fund.

CINCINNATI IS ONE OF THE FEW CITIES IN this country which has developed a real coordination of health services. Much of the credit for this goes to Bleecker Marquette, whose article in this issue of *Survey Midmonthly* on the need for teamwork gives some clues as to why he is a leader among those who work for unification and coordination of welfare services. Mr. Marquette is executive secretary of the Cincinnati Public Health Federation, a division of the local community chest and council of social agencies.

"A NATIONAL LEADER OF COMMUNITY WELfare and action," read the citation of the Cleveland Community Fund's 1944 distinguished service award to Paul L. Feiss, whose proposal for a National Health Fund appears in these pages. Prominent Cleveland businessman, leader in local civic and cultural life, Mr. Feiss has been active in the Cleveland Community Fund for over twenty years. Currently he is president of the National Information Bureau, which organization he helped to found in 1918.

THE EXECUTIVE EDITOR OF *Survey Midmonthly,* Bradley Buell, whose article, "From Yesterday To Tomorrow," introduces a series of discussions of the Gunn-Platt study, has long been identified with efforts to plan and coordinate welfare and health services. As field director of Community Chests and Councils, Mr. Buell helped to plan and direct general surveys of welfare, health, and recreation services in some one hundred American cities.

PRODUCED BY UNZ.ORG
ELECTRONIC REPRODUCTION PROHIBITED

DISEASE PREVALENCE
VERSUS
VOLUNTARY HEALTH AGENCY SUPPORT

THE GREATER THE NEED THE LESS THE SUPPORT

SOLD TO PUBLIC

INFANTILE PARALYSIS

ANNUAL COLLECTIONS
16,600,000

$94
per case

(crippled persons)
175,000
cases

TUBERCULOSIS

ANNUAL COLLECTIONS
15,000,000

$22
per case

680,000
cases

PARTLY SOLD TO PUBLIC

CANCER

ANNUAL COLLECTIONS
4,000,000

$8
per case

500,000
cases
(under treatment)

3,700,000
cases

NOT SOLD TO PUBLIC

DIABETES

ANNUAL COLLECTIONS
30,000

5¢
per case

660,000
cases

HEART DISEASE

ANNUAL COLLECTIONS
100,000

3¢
per case

Sums collected represent actual or estimated receipts during the latest calendar or campaign year by all voluntary health agencies in the particular field in the United States. Figures on disease prevalence are based mainly on the National Health Survey, 1935-1936

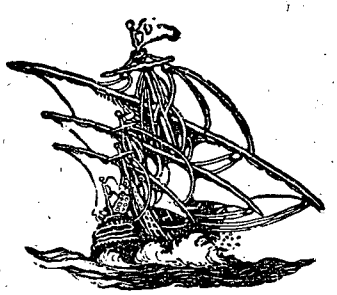
PRODUCED BY UNZ.ORG
ELECTRONIC REPRODUCTION PROHIBITED

VOL. LXXXI NO. 10

SURVEY Midmonthly

OCTOBER 1945

THE NATION'S HEALTH



A SPECIAL NUMBER

From Yesterday to Tomorrow

The executive editor highlights the issues revealed by the Gunn-Platt study of voluntary health agencies to the interpretation of which this special number is dedicated.

BRADLEY BUELL

RAVAGES from the diseases which were the "killers" of yesterday are not far removed from the personal histories of most of us.

We can still recapture the sense of fear which for our grandparents adhered to the very words tuberculosis, typhoid, smallpox, yellow fever, diphtheria, the plague, cholera, even birth itself. So meager was man's capacity to cope with the dread diseases of these short years ago, that sickness and suffering were regarded as visitations of an inscrutable providence.

Such fears of the mysterious "unknown" were definitely a thing of the past, however, by the time the late Selskar M. Gunn and Philip S. Platt began, in 1942, their nationwide study of voluntary health agencies.

As the great war ends, the milestone of public health which the people of this country have definitely put behind them is marked by these phrases of the report: "The facts of sickness . . . have been divorced . . . from a passive submission to inexorable fate."

Dynamics of the Past

Many things have contributed to this advance in the practical application of scientific knowledge to the point where we now accept the basic ability of man relatively to control and prevent the diseases from which he suffers—the quality and conviction of great leaders, the surplus wealth of a great new country, the aggressively ingrained American demand for social progress. But, in retrospect, it is clear that the underlying dynamics have stemmed from a combination of private voluntary initiative, characterized by *specialization* and *competition,* and official government *authority* which achieved a measure of control over competition and of integration between specialties.

In its larger sense, "specialization" on the cause, treatment, and prevention of particular diseases during the past half century has been the exclusive prerogative of neither private nor public effort. Each has engaged in precisely focused research; experimented with techniques appropriate to the control of particular diseases; assisted in the development of specialized and technically trained personnel. That is the way of progress in pure science. So it is, also, in the practical development of procedures needed to put scientific discoveries to work for all mankind.

But the building of separate organizations to specialize on particular diseases or on the defects of certain organs, has been a unique characteristic of private effort during the past fifty years. A mere listing of some of the national agencies, towards whose programs, in large part, this survey was directed, makes that apparent. The National Tuberculosis Association organized in 1904; the National Committee for Mental Hygiene in 1908; the American Cancer Society in 1913; the American Social Hygiene Association, consolidating several prior movements, in 1914; the National Society for the Prevention of Blindness in 1915; the American Society for the Hard of Hearing in 1919; the National Society for Crippled Children and Adults in 1921; the American Heart Association in 1922; the National Foundation for Infantile Paralysis in 1938.

Neither, in its broadest sense, has "competition" been the exclusive prerogative of public or private effort. Whenever people are engaged in enterprise, always there is competition for recognition, for the advancement of particular interests, for ultimate achievement. But the organized competition for *public attention* and financial support to combat particular diseases has been a unique characteristic of private effort to promote the public health.

Undeniably, this combination of specialization and competition has brought results. Deep inroads against particular diseases and physical defects have been made by these organizations which have risen to the top in the behind the lines struggle for the public's interest and financial backing.

But the power which comes from "free-

PRODUCED BY UNZ.ORG
ELECTRONIC REPRODUCTION PROHIBITED

dom to compete" has had liabilities, as well as assets. For example, psychoneurotic difficulties are at the forefront of our concern with postwar rehabilitation; yet, in 1944, the National Committee for Mental Hygiene and local service agencies in this field spent only an estimated $300,000. In whole sections of rural America, voluntary health services of any kind are virtually unknown.

Finally, it is certainly fair to say that the progress towards better health would have been impossible without the steady development of governmental functions as administered by the official health agency, the public health department. Authority to control sanitation, to inspect milk and food, to exercise the right of quarantine was an initial prerequisite in perfecting the hard core of procedures needed to apply the unfolding discoveries of science in a practical way. The search for serums and vaccines; the technical procedures applicable to the control of smallpox, typhoid, diphtheria, tuberculosis, venereal disease, pneumonia, cancer; the hazards of maternity and infancy, of industry, are all now an accepted and accredited part of our official approach to the promotion of physical well-being. Today, nearly two thirds of the 3,050 counties in the United States have full time health officials, and the public health movement will not rest until that number is complete.

End of an Era

In this broad setting, Selskar Gunn and Philip Platt made their study of the present and future role of the voluntary health agencies. For practical reasons, they restricted their review to those services which are generally related to the control and prevention of illness. They did not include agencies whose services are primarily concerned with "medical care" and treatment, such as hospitals and clinics. They visited 29 states, 712 agencies, interviewed over 1,000 people, sent out questionnaires, assembled material from many different sources.

So broad and searching are many of their findings and conclusions that readers of *Survey Midmonthly* will recognize their implicit applicability to many other areas of private welfare and recreation services. Their full report ("Voluntary Health Agencies," Ronald Press) contains abundant testimony to the part which voluntary effort has played in past achievements.

The private health agencies have been pioneers, have demonstrated new methods and procedures, have helped build up and supplement the official agency. Above all else, they have enlisted enormous voluntary citizen support and interest. Twenty thousand health agencies, with 300,000 board members, an additional 1,000,000 volunteer workers, spending $50,000,000 annually, constitute the spearhead of an educated citizen concern for the physical welfare of the 135,000,000 people of the United States. Eloquently, indeed, do they mark the divorce of the facts of sickness "from a passive submission to inexorable fate."

But, with all the evidence in, Mr. Gunn and Mr. Platt come to the conclusion that the voluntary health movement has now come to a crossroads. An era is at an end, or at least rapidly drawing to its close. The inherent strength of the voluntary enterprise of the past has been overtaken by its inherent weakness.

The crux of the matter, quite naturally, is in the present health needs of the American people. Wherever Mr. and Mrs. Smith and their typical American family may live, they and their children need have little fear that they will be stricken by smallpox, yellow fever, typhoid fever. They need have only reasonable fear of tuberculosis, diphtheria, and so on. These, the official public health program now has under good control. If the Smiths live in an urban community, they have relatively little to fear from the hazards of childbirth, or for the newborn baby, from the diseases of infancy. But, if they live in a small town or a rural community, they have much more to fear—and no private agencies working to remove the basis for their fear.

In city or country, they are just about as susceptible to the irritating nuisance of the common cold, to the more serious ravages of influenza, as were their ancestors of two or three generations ago. Partly because other diseases are under control, they are much more likely to die or become permanently handicapped from heart disease or cancer than were the families of their grandparents. At these and many other frontier points, voluntary enterprise is now very meager indeed.

Most important of all, Mr. and Mrs. Smith, even if they live in a prosperous urban community, are apt to be unable to put their finger on a voluntary group which is concerned with the *total* health of their family. They will be bombarded with information about what to do about certain specific hazards of illness. But if Mr. Smith is faced with a long illness from rheumatic fever, we cannot expect the family to take too great comfort in the knowledge that in an earlier generation his affliction might have come from tuberculosis. The protection now afforded the Smith family by their community's private agencies consists of a number of pickets set haphazardly, without plan.

Keystone of the Future

What Mr. and Mrs. Smith now need, wherever they live, is to have these separate pickets put together into a systematically erected fence which will give them as complete protection as possible against the total problem of illness in their family. And so, just as "specialization" and "competition" have been the keynotes of the voluntary health movement of the past, now must "co-ordination" and "planning" provide the keystone for the future, if the contribution in the next quarter century is to be commensurate with past achievements.

The authors of this report are fully aware that such a basic shift in emphasis and policy will be no easy task. The voluntary health movement, as of today, is huge in size, highly institutionalized in organization, diffuse in its control. Above all, it is a very human movement, resting not on law and legal prescription, but on the human strengths and weaknesses of the many people who make it up.

Yet these two authors complete their survey with high hopes. Their report is full of practical suggestions. They see opportunities at almost every hand, and are confident that once seen by others, they will be grasped in many different ways by many different people.

To these opportunities, and the ways and means of meeting them, this special issue of *Survey Midmonthly* is directed. Each author is a leader and social statesman in his own right. Each brings to our readers not only a recapitulation of the findings of this most significant study, but an interpretation of the issues, based on a wealth and variety of personal experience and knowledge. In such honest and forthright leadership as this lies the best evidence that voluntary enterprise will meet the challenge in a dynamic transition from "yesterday to tomorrow."

Report Recommendations

1. "That a serious effort be made to determine the soundness of unifying in *one strong organization*, all related health promotional voluntary agencies in a city and in a state . . . and that such demonstrations be launched.

2. "That the National Health Council be reorganized . . . to effect a wise coordination of the national health agencies and of the voluntary health movement of the country.

3. "That present separate, competitive, and confusing appeals of the voluntary national health agencies [be pooled] into a unified nationwide campaign . . . effective on the local, state, and national levels."

PRODUCED BY UNZ.ORG
ELECTRONIC REPRODUCTION PROHIBITED

The Challenge to Action

At the crossroads of national effectiveness, voluntary health agencies must reorganize for the tasks that lie ahead, with united planning as the keynote.

LOUIS I. DUBLIN

WHEN, in 1892, Dr. Lawrence F. Flick and associates in Pennsylvania organized the first American Society for the Prevention of Tuberculosis, they could hardly have pictured the future proportions of the movement which they were then starting. After fifty years, the promotion of good health and the prevention of disease by private, voluntarily supported agencies—local, state, and national—has become one of America's big businesses. Agencies have attacked practically every serious disease and problem that affect the health of the people of our country. Hundreds of thousands of our leading citizens are giving of their time and substance as board members of thousands of agencies that spend millions of dollars annually. Nowhere else in the world has this voluntary service flowered to such an extent or in such variety.

Yet, despite the size and importance of this enterprise, and in part perhaps because of its rapid and amazing growth, the voluntary health movement has until recently not been subject to critical review. Like all of our philanthropies, the public has accepted and supported it on faith. So specialized were the goals and programs of local voluntary health societies the country over, that no one really knew how well the work was being done, how completely the field was being covered, whether all the societies were needed or why there were so many of them. No one could be sure whether these many societies were adjusting themselves to the changing times and needs or whether one large local society would serve the community's interest better than the many small ones.

It is a happy circumstance that the publication of the National Health Council's survey of the voluntary health agencies coincides with the dramatic ending of the great war. We are now actually in the midst of the realities of reconversion. There could have been no better time for the release of the findings of this first comprehensive stock-taking of one of America's most notable voluntary undertakings. As all eyes are turned toward a peaceful and constructive future, I believe that the public will wish to know how well its trust in and generous support of the Roll Call of the American Red Cross, of the Christmas seals of the tuberculosis movement, of the March of Dimes of the National Foundation for Infantile Paralysis, and of the many other recurring specialized appeals have been justified.

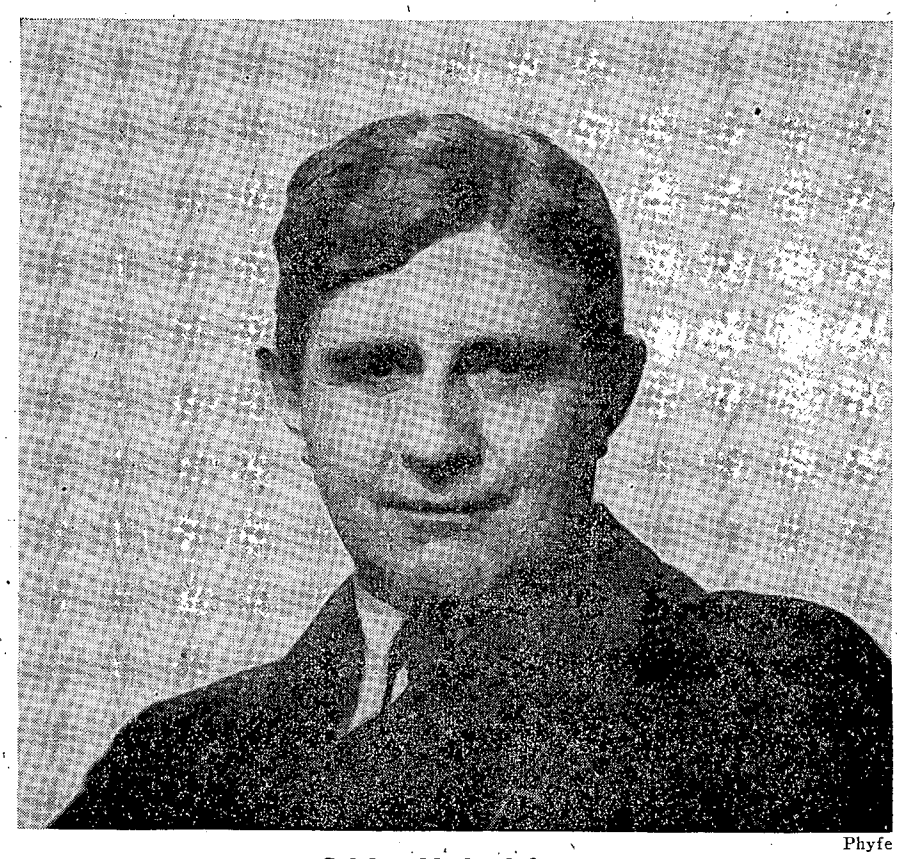
Records of Achievement

Of acknowledged achievements, there are many. The National Tuberculosis Association has brought home to every nook and corner of the country the elementary facts about tuberculosis. Tuberculosis has been pushed down from first to eighth place among the causes of death, and in many parts of the country it is now a relatively minor problem.

The American Social Hygiene Association has scored signal victories over venereal disease, most recently in protecting the men in our armed forces.

The cancer control movement has stimulated valuable research and taught the American people, particularly the womenfolk, to watch for symptoms of the disease and to seek early medical care.

The National Foundation for Infantile Paralysis in its short career has inaugurated important research in the field of virus infection, and made great strides in perfecting the care of the victims of paralysis.



Phyfe

Selskar Michael Gunn
(1883-1944)

The book which incorporates the findings of the Gunn-Platt study is a volume which Selskar Gunn did not live to see. But it contains much of the keen thinking and imaginative outlook on broad problems which distinguished his contributions to the field of health.

A vice-president of Rockefeller Foundation since 1927, Mr. Gunn had done significant work both at home and abroad. In Europe he was decorated by the governments of six countries, and in China he earned everlasting gratitude for the five years he spent helping develop a program of social welfare there.

Before World War I, he taught at the Massachusetts Institute of Technology, worked as local health officer and state administrator, and gave strong leadership in expanding the American Public Health Association's program. His death occurred midway in the study of voluntary health agencies. His collaborator, Philip Platt, whose article on leadership appears in these pages, carried the study to a successful conclusion.

PRODUCED BY UNZ.ORG
ELECTRONIC REPRODUCTION PROHIBITED

Beginning in the early Nineties as rather weak and tentative services to the poor, public health nursing organizations spread to nearly every community, and are now rendering valuable services to all income groups. The American Red Cross with its 3,700 chapters has made public

health nursing available to many communities, helped soften the shock of disaster, and educated the American people in safety and in the vital facts of personal hygiene.

Our voluntary health societies have helped to create many of our official health services, to increase their budgets, and have generally raised the levels of such services. Over four decades, they have been leaders in a broad movement to educate the American people about those things which pertain to the maintenance of their health.

Points of Weakness

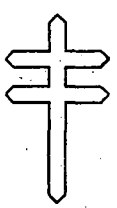
But it would be a grave disservice to the health movement if, through silence or equivocation, we helped to lull its supporters into complacency. The survey by Selskar Gunn and Philip Platt reveals not only the many virtues and contributions of our voluntary health work, but also discloses much that needs to be remedied. Let us take two concrete examples:

The National Tuberculosis Association has a history of fine accomplishment. No one should minimize the part that it has played in bringing about the extraordinary decline in tuberculosis. Last year, close to fifteen million dollars was raised through the sale of Christmas seals, of which 5 percent went to the national association and the rest to the state and local societies. I have no doubt that a continuation of the type of publicity issued by the association, coupled with the abounding good will of the American people, will result in raising increased sums. [See page 252]

However, it is a fact that over large areas of the United States, tuberculosis is now definitely under control. Despite this, the annual drive for funds is largely predicated on the assumption that it is still a serious menace. There is failure, particularly on the part of the locals, to tell their public that state and local health departments of the country have taken over much of the load previously carried by the voluntary societies; or that the U. S. Public Health Service now has an excellent tuberculosis division with a $10,000,000 budget (which the National Tuberculosis Association was instrumental in promoting) to help the states carry on the final phase of tuberculosis eradication. Tuberculosis societies in too many instances are still capitalizing on the old fear which people have of the disease—a fear which now has little basis in fact.

The present problem confronting private tuberculosis agencies is not so much how to raise money as how to spend it usefully. There are wise men in the movement who realize this. The State Charities Aid Association of upstate New York, for example, which is an authorized representative of the National Tuberculosis Association, years ago broadened the base of its operations to include a wide range of activities in the public health field—venereal disease control, mental hygiene, better nutrition, the prevention of diphtheria and, by no means least, cooperation with and stimulation of the official health agencies of the whole state. Other tuberculosis locals have adjusted their activities to current health needs, while continuing their effective tuberculosis control.

By and large, the directors of the National Tuberculosis Association have been cool to the inclusion of these new ac-



tivities. There is, however, a sharp internal conflict within the organization between those who would restrict themselves to the traditional tuberculosis work and those who would widen the approach to a well-balanced health program. An encouraging step was taken at the June meeting of the executive committee of the association when the door was opened a little wider for local associations to engage in activities other than tuberculosis control. I am confident that the public would be delighted to support increasingly a nationwide Christmas seal campaign devoted not only to the final phase of the anti-tuberculosis battle but also to the control of other diseases which menace the health and welfare of the people.

A somewhat different illustration of the disparity between need and resources is furnished by the National Foundation for Infantile Paralysis. Under the leadership of Basil O'Connor, in the short period of eight years, this agency has achieved one of the organizational and financial miracles of recent health history. Total receipts in the last campaign were close to $16,600,000 half of which remained in local hands and the other half went into the national treasury. This is more money than is raised by all other national health agencies combined, with the exception of the National Tuberculosis Association and the American Red Cross.

It is not difficult to understand why many societies that struggle to raise their meager budgets year after year, look somewhat askance on the newcomer that literally runs away with the money. Infantile paralysis is one of the less common diseases. Even in epidemic years, there are only from 15,000 to 18,000 cases in the whole country and less than 2,000 deaths. Compared with heart disease and the related rheumatic fever, infantile paralysis is a minor problem.

In the background of such specific examples as these, is the underlying fact that there has been little planning in the over-all private campaign for life and health conservation. Too often, voluntary societies have been organized to undertake what was already being done by others. Most of them are designed to serve only a small sector of the entire health field—be it child welfare, tuberculosis, mental hygiene, or the like. They were brought into being by new discoveries in the specialized fields of medicine which stirred the imagination and won support for some particular group of sufferers. The inevitable result of a multiplication of such societies is the impoverishment of many, competition for support, and general confusion of the public.

It is common to find, even in smaller communities, four or five independent organizations, each concerned with its own specialty and each making its own bid for favor, instead of cooperating toward common ends. There has been a trend, perhaps inevitable, toward vested interests. In many instances, the fine enthusiasm of the pioneers for serving a public need has degenerated into a desire to preserve a going institution.

It is inconceivable that the voluntary

health agencies of this country will fail to rise to the new opportunities which confront them. Behind them is a record of achievement, soundly grounded in fact. Surrounding them today is an America just emerged victorious from the greatest war of all time, confident of its strength, and dedicated to democratic social prog-

PRODUCED BY UNZ.ORG
ELECTRONIC REPRODUCTION PROHIBITED

ress, international cooperation, and world leadership. **With unparalleled** resources, new scientific discoveries, public faith and support, private health agencies throughout the United States have at their command tools for constructive action, the like of which the pioneers of yesterday—Flick, Beers, Morrow, Cleveland, Wald, and many others—never could have dreamed. The door is open for them to occupy the many sections of our country which their services do not now reach, to meet the needs which their plans have not so far encompassed.

Guideposts to Action

To realize that opportunity during the next decade, private agencies must follow four main guideposts on the road ahead:

First, individual local agencies must evaluate, reorient, and strengthen their own programs in the light of new needs and modern trends.

Second, local communities must develop strong central machinery through which to bring about coordinated local planning and operation.

Third, through the National Health Council, national agencies must achieve a statesmanlike integration of their planning and service function.

Fourth, a unified national appeal for funds must take the place of the present multiplicity of financial campaigns.

These are not new guideposts. Some

individuals had seen the way they pointed; many have been groping in that direction. But if the challenge of our time for the voluntary health movement is to be met, they must now become a focus for united action.

The survey clearly indicates that all too often a very few members of an agency board of directors have run the show. The time has come for boards to scrutinize their membership and eliminate their inactive and unproductive members. Tenure should not be guaranteed for life and should not be passed down through inheritance. In order to discharge their high civic responsibility, many boards need to bring in new blood, representative of all classes of the community.

The study makes clear that, in the last analysis, the executive officer of the voluntary health society is the key to its success or failure. But it also shows that thousands of units are without competent professional direction. Boards of directors need to face the fact that in order

to attract those who would provide wise leadership, good judgment, and adequate skill, it will be necessary to raise salary levels. The voluntary health movement as a whole needs to cooperate with schools of public health, in order to bring the existing personnel to higher levels of skill and to provide adequate facilities for the training of new people.

Given responsible and representative boards, professionally trained and competent directors, individual agencies should be in a position each year to review critically and evaluate frankly their goals and the progress made towards them. Such annual check-ups should be supplemented at longer intervals through study by outside experts. Every local agency, no matter how well administered, would surely profit by this procedure.

A good example of the value of the practical tenets of self-evaluation can today be found in the American Red Cross. There is growing evidence of an acute appreciation of the potentialities for public service in the 3,700 chapters, 6,000 branches, and a membership of forty million. Under the new leadership of its national organization, surveys are being made to evaluate organizational set-ups and past accomplishments. Fortunately, there is no intention to skeletonize the program with the return to peace, as was done at the close of the last war.

To accomplish their high purpose, Red Cross chapters must eliminate the fair criticism that in the past many have been led by the socially elect and too often have been loath to cooperate in local projects with other health and welfare agencies. Fortunately, there is emerging a new spirit, not only locally but in Washington as well. Those who now give direction to policy realize the unique position of the Red Cross and recognize the need for a broader base of leadership in every section of the community.

Democracy is making itself felt and already, in many localities, we see evidences of this new spirit. Leaders of labor are being welcomed into boards of directors. Efforts at coordination of service with other local organizations are bringing them closer together toward the solution of common community welfare problems. We are all discovering that the public welfare is the concern of all kinds of groups.

The need for a clearing-house for those working in the local voluntary health field has been manifest ever since the last war. As a result, health councils and health divisions of Councils of Social Agencies have been formed in many of our larger and medium sized cities. Their purpose is to bring about common planning, eliminate duplication, make it possible for all of the health agencies to speak as one voice to the people who sup-

port them. But in altogether too many instances, they have not achieved this purpose.

New York City is a glaring example of a community with an array of societies which do not work together. Recognizing this, its health commissioner recently sounded a clarion call for a health council which can truly pool resources and plan a coordinated program. And the problem is even more acute in many of our smaller cities. Duplication of effort and lack of coordination are still the rule and not the exception.

Fortunately, there are already a few splendid demonstrations of what can be accomplished through well-organized local health councils or health federations. I have in mind two examples, both in Ohio—the Cleveland Health Council, and the Cincinnati Public Health Federation. These central federations have brought together the various health organizations into closely knit bodies, whose able executives have achieved a fine administration of the various aspects of a well-rounded health program. Not the least of their success is in the splendid cooperation which has developed with their local health departments. While these two cities are outstanding, encouragement to future progress may be found in others, where the health societies, even if less tightly bound together, are nevertheless affiliating with the local community chests and councils of social agencies, and developing over-all community planning.

The greatest need for over-all integration and planning in the voluntary health field is obviously on the national level. This was fully recognized a quarter of a century ago when the then leaders in

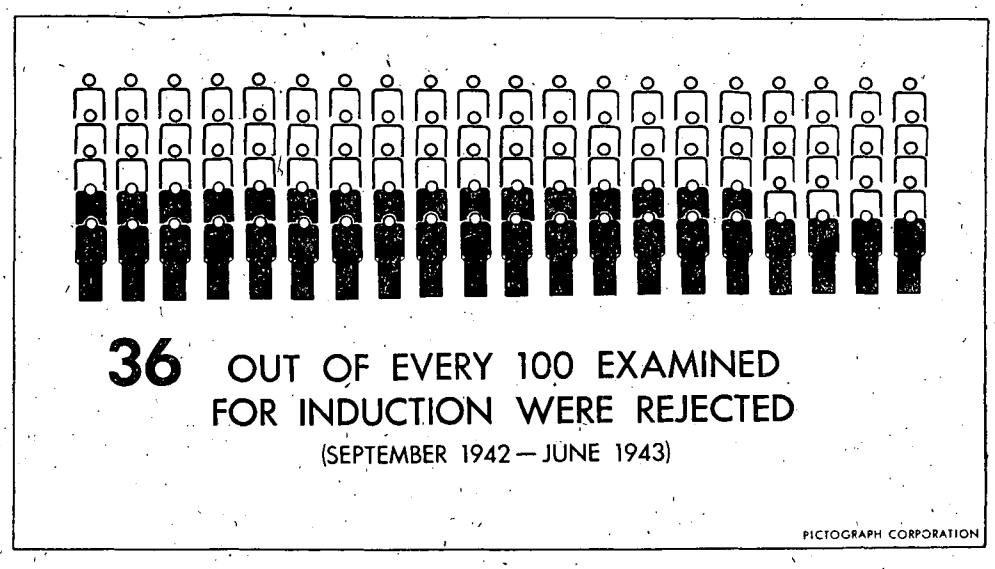
(Continued on page 280)

PRODUCED BY UNZ.ORG
ELECTRONIC REPRODUCTION PROHIBITED

Gaps in Our Battle Line

We must make total war against disease for total victory

IRA V. HISCOCK



Information from Medical Statistics Bulletin No. 3, November 1, 1944, National Headquarters, Selective Service System

DURING the early war years, the whole country was properly shocked by the high proportion of its young men found to be unfit for military service because of mental and physical defects. In one nine-month period, 36 percent of all registrants examined by local boards and induction centers were rejected. More than that, only a little over one third of some nine million men examined between April 1942 and December 1943 were found to be entirely free of physical defects.

In this dramatic setting, we see some of the end results of our failure to wage war on all fronts against disease and physical defects. For war against disease must be a total war against insidious enemies of the people of all nations. Disease recognizes no boundary lines, no classes, no creeds.

Though our own generation can look back upon many battles won, on ground covered that never need be retraced, there are still many thinly held sectors and serious gaps in our battle lines.

The struggle continues to tax the best efforts of scientific strategists and administrators. Each year, thousands of people in the United States are sick, and many die from causes which our knowledge is quite sufficient to prevent, if only we were organized to use it. About many maladies, indeed, we still need much more knowledge, but the war has dramatically demonstrated how scientific discoveries can be accelerated by concentrated and coordinated effort. With the energies and resources now released for peace, the next decade holds out unexampled opportunity to strengthen our attack against ill health, to muster our forces for a coordinated attack on every front.

We have some perspective by which to identify some of the salients which constitute the strategic objectives of the next decade. Without any priority of classification and with due regard for relative difference in local communities, a number of major problems nevertheless are clear.

Defects of Children

Although most communities have various services reaching children from the prenatal period through school life, these services all too often fail in systematic continuity and coordination. In fact, during the past twenty-five years little practical progress has been made in correcting *physical defects* among the school age group.

And in 1943, the U. S. Public Health Service in one community matched the findings of selective service examinations with the findings of comparable examinations taken fifteen years before when these same boys were children in school. Almost all of those who were later rejected by selective service, fifteen years before had had one or more decayed, missing, or filled permanent teeth. Half of those later disqualified for poor vision had shown visual defects. Seventy percent of those who in school had been rated poor in nutritional status, were rejected fifteen years later.

This "pilot" study not only indicates that the present "system" of public and private health service is failing to meet the need for dental, nutritional, and other health service among this all important younger age group. It also shows that as of today and for the future, major emphasis needs to be shifted from the communicable diseases to the long term illnesses, to give more attention to the removal of their causes in the younger years, in order to prevent progressive development into hopeless or extremely serious cases.

Much remains to be done and, in order to do it more effectively, much still remains to be discovered about many of the diseases which today constitute these new frontiers in our battle to promote good health.

It is true that amazing results were recorded in the reduction of deaths from certain causes, between the years 1900 and 1940. Typhoid, diphtheria, diarrhea, and other communicable diseases were reduced more than 90 percent in the registration area; tuberculosis 70 percent; pneumonia and influenza 61 percent. But progress on the total front was measured by a decrease in the total death rate of only 16 percent.

Frontier Enemies

Today, two of our most thinly held sectors and serious gaps are represented by the tremendous toll of heart disease and cancer. Twenty-seven percent of all deaths are now due to diseases of the heart, 16 percent to conditions associated with the cardio-vascular-renal complex. Eleven percent are due to cancer. These high mortalities are evidence of premature degeneration. Earlier diagnosis must be an important part of the preventive program to bring them under direct control, and treatment must include a special regime of personal hygiene. It may be expected, also, that lower death rates from heart disease will result from increased activities to control streptococcicosis and syphilis.

Recent studies have shown that vac-

PRODUCED BY UNZ.ORG
ELECTRONIC REPRODUCTION PROHIBITED

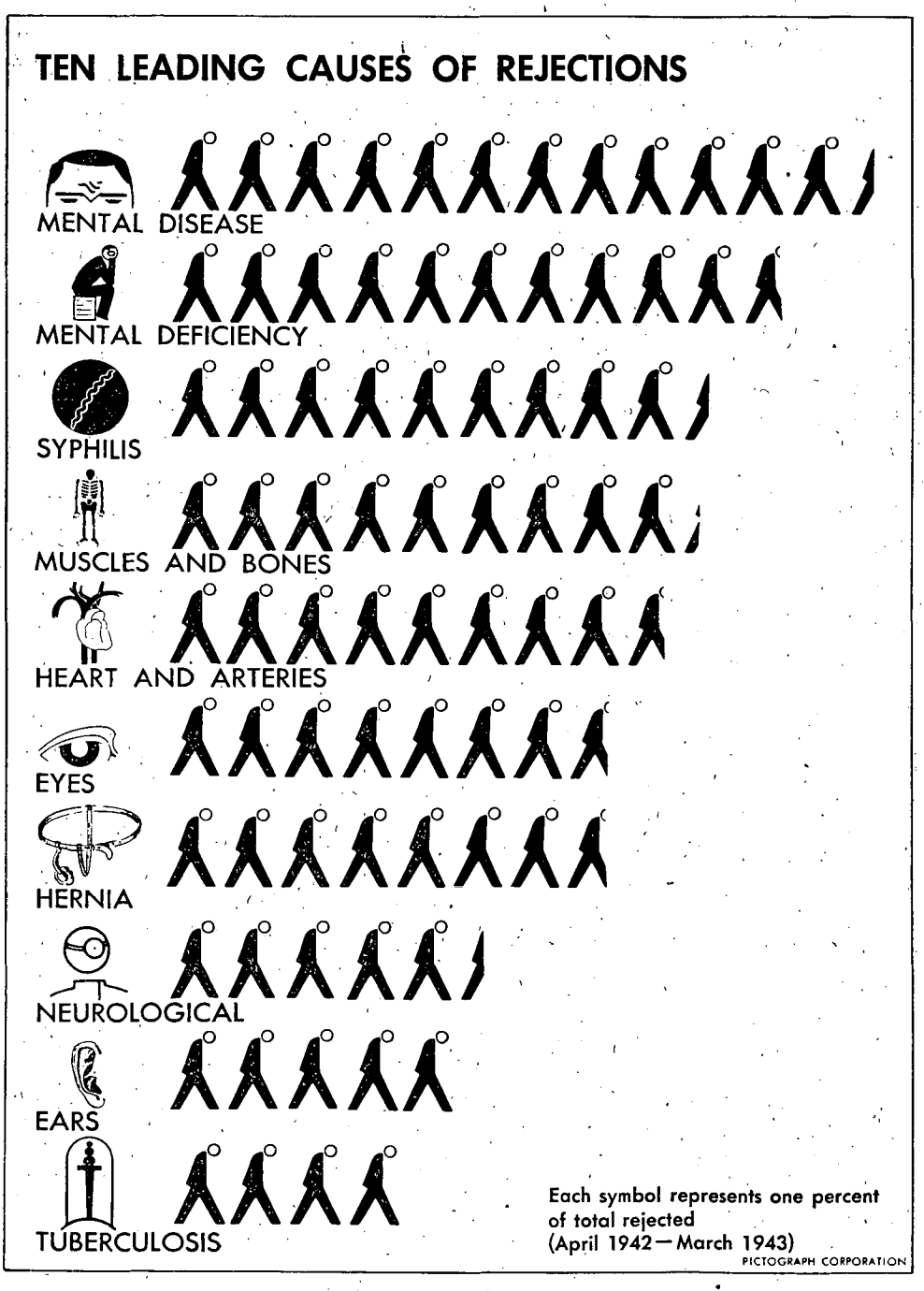
cination shortly before an epidemic of influenza exerts a pronounced effect upon susceptibility to influenza A during an epidemic of high incidence. However, investigators point out that it remains to be seen whether advance in control of epidemic influenza A will be equally effective in influenza B, or effective at all in severe pandemic influenza. Much remains to be done in this field of immunization where established procedures have proved more or less effective in diseases such as smallpox, diphtheria, typhoid fever, tetanus, and so on.

The magnitude of the problem of mental ill health has again been emphasized during World War II. Increasingly, it is recognized that a program of prevention should include not only the commonly accepted elements of a community plan. It should be so planned that it will begin with the parents of the unborn child and continue with the child through adolescence and until he has made his social adjustment.

Frank Bondreau has well stated that nutritional deficiency diseases, malnutrition, and hunger cannot be overcome effectively merely by providing supplies of food. Like infections, deficiency diseases and malnutrition must be sought out, their exact nature identified, and appropriate treatment provided. "In order to restore the hungry to health," he says, "it is necessary to give them a balanced diet, and to do so requires a study of the foods locally available as well as prevailing food habits. There must be some agreement as to dietary standards for different age groups and occupations. Measures of this kind cannot be improvised; they must rest on organization, study, and experience."

While research is being vigorously conducted on cancer, pneumonia, and influenza, and many of these other diseases, increased momentum is needed in the scientific study of all of them through additional federal as well as private financial support. The lessons learned during the war emergency about the value of cooperatively planned scientific studies, pooling all available knowledge and resources, should not be lost.

Research, however, should not be limited to the discovery of underlying causes—it needs to include the practical ways and means of administrative procedures. The dramatic results from the use of DDT, for example, came not only as a result of research on the material to be used to control typhus and malaria, but also from studies that determined the most effective administrative methods to be employed.



Item on mental deficiency includes educational deficiency. Information from Medical Statistics Bulletin No. 3, November 1, 1944, National Headquarters, Selective Service System

Family Health

A major weakness lies in our failure to grasp the significance of the fact that health is a family as well as a personal concern. True, in our programs to control the communicable diseases, we do quarantine the entire family, when that is necessary, give tests, and take preventive measures for all members when one is stricken. But illness or the physical defects from any other cause, of any member has its effect upon the family life of the whole group. The cost of illness is a family cost. The preoccupation of a mother with a sick child inevitably handicaps her in the discharge of other family duties. Illness of the mother herself or of the father can set in motion a whole chain of family difficulties.

Education about nutrition, the simple preventive measures that make for health, the effectiveness of community resources, must be directed towards the family as a whole. Yet in very few communities indeed are health services so organized and coordinated that the health and illness factors of the children and adults in any given family can be viewed as a whole. How else explain the general lack of understanding among parents and children concerning such illnesses as colds and other respiratory and intestinal diseases, or the difficulty in securing response to TB X-ray examinations?

Our community machinery is due for an overhauling so that it will give due consideration to the mental, physical, and social picture of the total family, and that

PRODUCED BY UNZ.ORG
ELECTRONIC REPRODUCTION PROHIBITED

it will make adequate provision for dental care, hearing and sight conservation, as well as meeting the more commonly recognized need for proper nutrition and for immunization against diphtheria, smallpox, and tetanus.

Economic Disability

Finally, it has become recognized that families of low and moderate income have more sickness than the well-to-do. They also receive less medical care, either because they are unable to pay the costs of services when they are needed, or because the services are not available, or for some other related reasons. Before the depression, it has been stated, we had nearly enough doctors—though only half enough dentists—to give complete medical care to the American people. It was further observed that while the country as a whole actually paid out almost enough money for that care, our people did not get it because of the lack of effective organization of medical facilities.

The root of the problem is in local planning and administration, which must be good, if any well conceived program is to operate efficiently. According to a recent health program conference of experts in the field of medical care, "the physicians, the hospitals, and the public of each locality must deal with the ultimate distribution of medical care, under general standards which make place for voluntary as well as government action, and which give room for freedom and supply helpful incentives."

Service of Supply

What of the "service of supply," the resources at our command to move forward toward these strategic objectives in our battle for better health?

Today, 1,000,000 people in this country devote their lives to the care of the other 135,000,000. They carry on their activities as individuals or as members of official or voluntary agencies. They are the doctors, health officers, dentists, nurses, and various other professional workers, who wage relentless warfare against disease, utilizing about 1,400,000 hospital beds, thousands of clinics, and resources of medical schools, laboratories, and research institutions. There are hundreds of thousands of board members and volunteer workers, who give devoted service. Thousands in the army and navy have helped write a bright page in modern history through their discoveries in preventive medicine and their care of the wounded and the protection of our troops in the most fever-ridden areas of the globe.

This army can look back on many glorious victories of the past. In the United States, cholera and yellow fever have been eradicated, smallpox has become a medical curiosity in most parts of the country, diphtheria has caused no deaths in certain cities for over a decade, and typhoid fever is well under control. The campaign against tuberculosis is not finished, but this enemy—once the greatest killer of them all—is retreating rapidly. In this retreat, the significant role played by voluntary agencies in health education, case-finding, nursing, and rehabilitation should be stressed, although as official health departments have been strengthened, a shift in private emphasis has become necessary.

Progress is being made in the control of syphilis and gonorrhea, partly through the efforts of official health departments and congressional support of the May act, partly through private enterprise. Five years ago, successful treatment of syphilis required seventy weeks; there was no proved drug for the cure of gonorrhea. In the past two years, it has been shown that penicillin can cure infectious syphilis and gonorrhea. The prospects are promising that these diseases need not long continue to be major health problems.

Cold facts reported by Dr. Thomas Parran, surgeon general of the U. S. Public Health Service, show how this long attack against communicable disease, coupled with a rising standard of living has brought successful results. Between 1920 and 1940, ten years were added to the average length of life in the United States. In fact, infant mortality was reduced from 100 per 1,000 live births in 1919 to 40 per 1,000 in 1943.

But as we move on from our earlier attack upon the communicable diseases to the broader strategical objectives, our "army" and our "service of supply" undeniably need strengthening in both its public program and its voluntary program and resources. Applicable to both are the broad requisites laid down by Dr. Parran: (1) a force of well-trained personnel; (2) the appointment, promotion, and retention of personnel on a merit basis; and (3) adequate financial support, evidencing public understanding of the problems involved.

Increased Emphases

The expanding concept of the practice of public health calls for increased emphasis on maternity and child health, industrial hygiene, venereal disease control, medical nutrition, health education, and social aspects of medicine or medical administration. It also calls for the increased requirements of both official and voluntary agencies for personnel qualified by special training and experience to carry on activities in these fields.

More specifically, in respect to *public service*, there is need for expansion of federal, state, and local public health services, directed by health officers who have led in the administrative control of preventable diseases with gratifying results. Some 1,800 of the 3,050 counties of the United States are under the direction of full time health administrators. But there are still 40,000,000 people who live in communities where there are either no local official health services or where such services are provided only by inexperienced, part time health officers. Most of these areas spend less than half of the $1 a person per year that is needed to pay for the basic essentials of a public health program, not to mention a complete service, including necessary public health nursing, health centers, and laboratories.

Coordinated Districts

Because in some local units of government, the population is small, economic resources at a minimum, and public interest inactive, state health departments are tending toward encouragement of districts for local health administration in rural areas. Such a plan for coordinated efforts provides for more experienced leadership and better qualified staffs, resulting in increased effectiveness of services than is possible when smaller units function separately.

Voluntary agencies will have increased rather than diminished opportunities by these developments in public health services. There is a continuing need for pioneering efforts in such fields as health education, nutrition, mental hygiene, cancer and heart disease control, and housing; for studies of problems related to standards and relationships; for effective teamwork between official and voluntary groups.

To Plug the Gaps

Basic tools that should be utilized for united action are available in these organizations. They have a body of fact and talent which should be sensitive to changing conditions and unbound by the fetters which sometimes handicap official personnel or organizations. They have sufficient power to reinforce and stimulate the official agencies and to wield a significant influence in the future constructive development of far-reaching policies and programs.

Vigorous efforts should now be made to secure more unity of action. The significance of joint staff planning and of combined operations in order to achieve military victories is established. Wider application of these methods will plug the gaps in our battle line against disease and speed us toward new victories for our public health.

PRODUCED BY UNZ.ORG
ELECTRONIC REPRODUCTION PROHIBITED

Leadership—A First Imperative

The strength or weakness of a voluntary health agency depends on its executive; here are vigorous suggestions for meeting the problem of selection and training.

PHILIP S. PLATT

In the course of our study of voluntary health agencies, it was the unusual privilege of Selskar M. Gunn and the author to interview well over a thousand executives and key people. Our observations, interpretations, and recommendations are reported in full in "Voluntary Health Agencies—An Interpretive Study." Among the innumerable questions in our minds was the fundamental one: "What kind of people are these who direct the destinies of these agencies?"

There were all kinds. The talented, trained, imaginative, efficient, and—the opposite. In the best agencies a fine teamwork and mutual respect existed between the board and the executive. In others there were executives who dominated their boards and boards who treated their executives as mere errand boys. There were many executives who could be regarded only as liabilities to their agencies. These, most often, were in smaller agencies whose limited resources will never enable them to afford a trained or a naturally gifted executive. But even in the larger agencies, executives often were so immersed in innumerable details that they had no time or little inclination to consider the really important issues—the effectiveness of the agency, developments elsewhere, the future plans of the organization, broader plans for the community's health.

As we concluded our field study, it was clear to us that the outstanding challenge before the voluntary health movement today is the development of leadership—primarily executive leadership.

These, if ever, are changing times. Agencies whose leadership stands still will soon be left behind to wither. Isolationism among agencies belongs to the past. In the future, there will be no place for the defender of the "vested agency interests." Cooperative relationships that really work, coordinated programs that pool the resources of many agencies, experiments in administrative consolidation, unified appeals for financial support, more effective teamwork with the official agency—these are trends demanding leadership that is courageous, generous, forward-looking, and convincing. The public is responsive, there is the possibility of enough money if wisely apportioned, there is undeniable need; what is lacking, in large measure, is the type of leader who can look ahead, put first things first, and move his agency forward from the routines of today to the broader sphere of influence and service required for tomorrow.

Results of Poor Leadership

The consequences of lack of better leadership by executives and boards are all too apparent, even to a sympathetic observer. Many agencies have been slow in adjusting to economic, technological, and social developments in these rapidly changing times. The extreme specialization or fractionation of health work may have been a historical necessity, but it is no longer necessary to maintain a scattered mosaic of isolated approaches to slightly different aspects of a central objective—the health of the individual. Nevertheless, among agencies throughout the country, we see little readiness to admit that "in union there is strength."

In addition to the multiplicity of small, weak agencies, there is often disregard of the present relative importance of health needs. It is easier to keep on doing the old things in the old ways than to shift to new lines of attack. The stimulating new activities that more aggressive agencies have taken on in the light of increasing knowledge have not had much effect on the programs of other agencies, if indeed they are aware of them.

The changing attitude of the public toward voluntary health agencies, occasioned by the role of the public agency, and the new concern for the worker's health by organized labor, are but dimly appreciated by many boards and executives. While the personnel policies of the better agencies are undergoing drastic changes, in all too many their employes have no protection against sickness, death, accident, or old age retirement, and no incentive is given for continuous staff education or postgraduate training. On this latter point, fortunately, the recently organized "National Health and Welfare Retirement Association" at last makes available an employer-employe sharing plan that can be of great benefit to the entire movement.

Criticism for present weakness in executive and board leadership cannot be leveled fairly at one individual, or group of individuals. For in high proportion, those who direct our voluntary agencies are acting from unselfish motives to better the conditions of others, according to their best knowledge. They are doing their best, as they see it. Rather, the shortages of trained executive personnel, the restricted vision of many boards, the disparity between ends and means, are a heritage from the past history of the whole movement. Their remedy can come only by united effort.

When one realizes that, in only fifty years, private health services have grown from nothing to an imposing and many sided development of 20,000 agencies, it is not surprising that there have been few trained leaders. The real pioneers, who saw particular needs, could not rest until they had formed organizations to realize their visions of what could be done. They enlisted volunteer helpers where they could and inspired them with zeal and devotion.

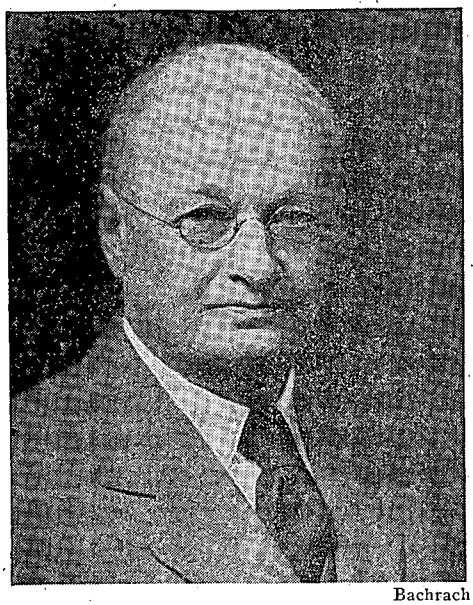
Search for Leaders

As local, state, and national organizations grew in number and importance, the need for competent executives became apparent. But where were they to be found? There were very few men and women trained in public health administration, and these turned mainly to the larger field of official health work. Executive positions were filled by anyone who could be attracted to the job and was willing to accept a poor remuneration. Nurses who showed some administrative capacity became the executives of visiting nurse associations. Occasionally, a physician was induced to head an agency.

Today, the situation is somewhat better but still far from satisfactory. Staff nurses have been given public health nursing training; health education workers are being trained in increasing but still very insufficient numbers; public health trained physicians are beginning to be attracted to the voluntary health field. Institutes for tuberculosis workers and others are doing much for staff education in this field.

But the efforts to meet today's crying demand for leadership are largely piecemeal efforts. In its place must come comprehensive and united planning, if the real situation is to be met. Such planning needs to be aimed in two directions. First, towards the education and development of board members who will be alive to new opportunities and responsibilities.

PRODUCED BY UNZ.ORG
ELECTRONIC REPRODUCTION PROHIBITED



Bachrach

LAWRENCE F. FLICK
(1856-1938)

Pirie MacDonald

CLIFFORD W. BEERS
(1876-1943)

Underwood & Underwood

JAMES EWING
(1866-1943)

CLARA BARTON
(1821-1912)

THESE WERE PIONEERS FOR—

A valiant war nurse, Miss Barton founded the first American Society of the Red Cross in 1881. In 1892, Dr. Flick organized the Pennsylvania Society for the Prevention of Tuberculosis, first voluntary group to attack the disease. Mr. Beers' classic book, "A Mind That Found Itself," stimulated in 1908 formation of the American Foundation for Mental Hygiene. Dr. Ewing helped found, in 1913, the organization now known as the American Cancer Society, was a director for many years.

Second, towards the professional training of an adequate number of executive leaders who will have a generic approach to their administrative tasks that goes beyond the recognition of specialized needs and the use of limited techniques.

Board Responsibility

It is a board's inescapable responsibility to secure a competent executive, one able to carry out its policies, manage its budgets, maintain an efficient staff, represent the agency effectively, and improve its program in relation to the community's needs. One of the reasons for poor executive leadership is that boards of directors frequently do not know what they want in an executive. They seek an opportunity to economize in their expenditures, whereas such action may be the worst extravagance. They usually understand the routine duties of their executives but are seldom clear as to how much professional leadership they desire—or would tolerate. Nor are they clear as to the relationship which should exist between the board and its executive.

The best boards have set up definite qualifications as to training, experience, and personality for the executive, and they approach his selection as their most serious and important responsibility. They canvass the country, seek advice from qualified sources, have personal interviews, and fix the remuneration at a figure in keeping with the high value which the position has for the agency. They realize that a mediocre or incompetent executive is an unforgivable extravagance, for then his salary, however small, is wasted. The most profitable expenditure may be a salary large enough to attract an executive of superior quality, for it will be more than repaid by improved quality of work, by wise economies, and by better standing in the community. Although good salary in itself is not enough, if trained executives are not available in sufficient numbers, an adequate salary scale is essential to attract people to prepare themselves for prospective opportunities.

In addition to its responsibility for the quality of the agency's executive leadership, the agency's board of directors, in the last analysis, is responsible for the ultimate product of the agency's work. Taken the country over, their members vary enormously in the acceptance or avoidance of problems that mean work for themselves. Some boards are composed of individuals who claim the pressure of their other responsibilities to be so great than an hour a month is considered the limit of their "contribution" to the agency. More often than not, this is due to the fact that the member has not been given something vital and challenging to do, or to dull, poorly planned meetings or to a meeting hour that conflicts with other inescapable obligations.

There is no reason for this to be the case. A committee on board membership can be the ferment that brings a board to a new realization of its own weaknesses and means of overcoming them. An appraisal committee can review critically the agency's achievements each year and decide frankly whether there has been improvement in staff personnel and morale, agency interpretation, cooperation with the official agency, the use of volunteers, and plans for future development or curtailment. For such a committee, a simple *Self-Evaluation Schedule* prepared by the author of the study may be found in the appendix of the volume.

It is also suggested that an agency invite appraisal, at intervals of perhaps five years, by qualified persons combining a wide knowledge of community organization with an expertness about the field of activity in which the agency is engaged. No agency would think of omitting its annual financial audit merely to save the cost; an audit at intervals to determine how *wisely* it spends its money is even more important.

A committee on orientation and training of board members, in most instances

PRODUCED BY UNZ.ORG
ELECTRONIC REPRODUCTION PROHIBITED

WILLIAM F. SNOW

PARK LEWIS

FRANKLIN D. ROOSEVELT
(1882-1945)

—*BETTER AMERICAN HEALTH*

Leading social hygienist, Dr. Snow was first director of the American Social Hygiene Association (1914), is now chairman of executive committee. Dr. Lewis was a founder (1915) of the National Society for the Prevention of Blindness, is now its vice-president. Mr. Roosevelt's warm interest supported organizing of the National Foundation for Infantile Paralysis (1938). Beloved founder of Henry St. Settlement, Miss Wald was organizer (1912) of the National Organization for Public Health Nursing.

LILLIAN D. WALD
(1867-1940)

would find an untilled field of opportunity to bring meaning and satisfaction to the sometimes "stuffy" role of board membership. Board member institutes would be within the scope of this committee. Both the National Tuberculosis Association and the National Organization for Public Health Nursing have demonstrated the values which can come from activity along these lines.

Professional Training

The problem of providing local boards of directors with an adequate supply of well-trained, well-rounded health administrators, is basically a problem that must be met and solved by the national health agencies. Many of them are aware of this need and have taken steps to cope with it, as far as their own fields and their own organizations are concerned.

For many years, the National Tuberculosis Association and the National Society for the Prevention of Blindness have provided a few annual fellowships for training junior executives and medical social workers in tuberculosis and sight-conservation work, respectively. Lately, the National Foundation for Infantile Paralysis has appropriated $1,267,000 for the training of physical therapists. The training of health education specialists is being undertaken at the Universities of Michigan, North Carolina, California, and at Yale under grants from the Kellogg Foundation and the U. S. Public Health Service.

Leadership in its highest expression may be a gift bestowed upon few, but executive management of a health agency is a type of administrative service for which individuals of suitable temperament and native abilities can be trained. There are graduate schools of business and of banking, of social work and of public health. But, unfortunately at present in their courses on administration, the majority of schools of public health deal very largely with the administrative problems and relationships of health departments and very little with those of private agencies. The multitude of administrative techniques which are essential parts of any well-run organization are seldom dealt with adequately.

There is an urgent need for courses that would equip an executive manager with the various tools of his craft and with skill in using them to make his agency more effective. Seldom put before prospective executives in practical or useful form are such vital matters as: how to work with different kinds of boards of directors, plan board meetings, and educate the members; how to execute employment and personnel policies; how to prepare budgets, and adopt modern practices in accounting, financing, and insurance, building maintenance and equipment; and how to establish good community relationships, cooperative activities, and methods of self-appraisal.

In the meantime, the further development of training facilities for those on the job is a necessity, and for this the cooperation of professional groups and educational institutions must be sought. The "Proposed Report on the Educational Qualifications of Executives of Voluntary Health Associations," published in the *American Journal of Public Health,* May 1945, by the Committee on Professional Education of the American Public Health Association, is an admirable guide for both national and local agencies, and educational institutions.

It is to the credit of voluntary health work that many men and women of high quality have been attracted to it; it is among its liabilities that the number is too few. An agency with a poor executive is like a ship with a defective rudder. No greater task will confront the reorganized National Health Council than the aggressive development of recruitment and training plans which will serve the whole field; and provide a steady stream of men and women equipped to meet the high opportunities ahead.

PRODUCED BY UNZ.ORG
ELECTRONIC REPRODUCTION PROHIBITED

Health Agencies: Private or Public?

The private agency can be the gadfly of the public department—the community needs both in close cooperation, not rivalry, to work for the highest level of health.

REGINALD M. ATWATER AND MARTHA LUGINBUHL

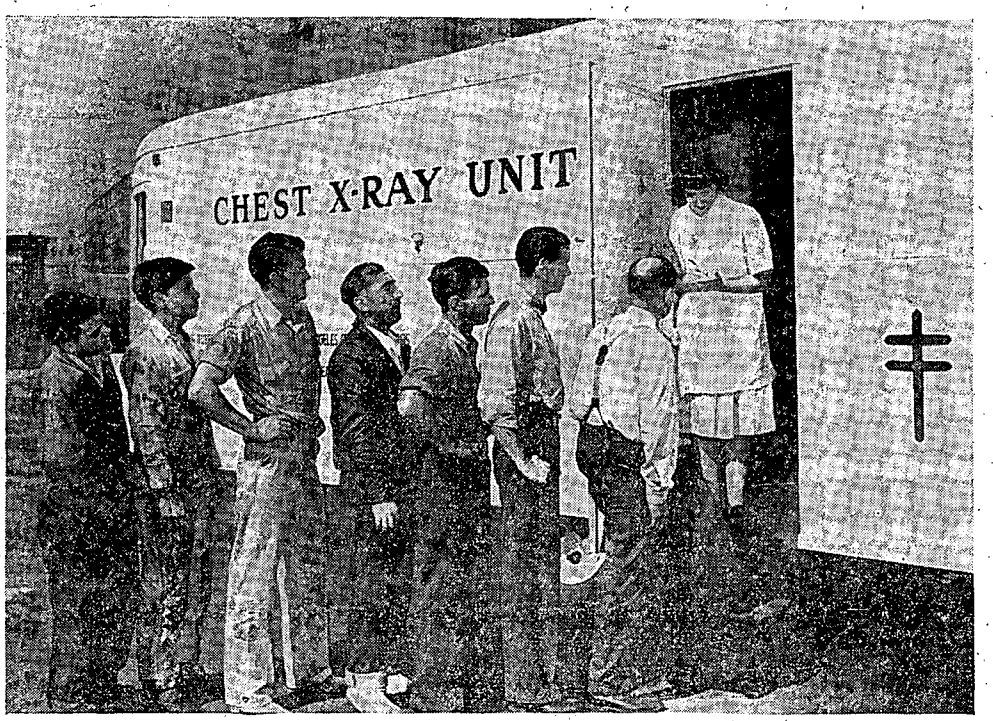
Some years ago the public health nursing organization of Eastchester, a township of Westchester County, N. Y., with a population of some 25,000, decided to survey itself in the light of the needs of its community. As a result, the board of directors concluded that what the agency was doing was not good enough.

Its own services were largely limited to bedside care of the sick and of maternity patients, while an equal number of county or township health department nurses were carrying the usual responsibilities of communicable disease nursing and public health education. Each group covered the entire township; each group worked independently, and nurses from both might visit one family on the same day for separate but related purposes.

The plan for the coordination of these two services, recommended by the survey, has now been operating successfully for five years. The two groups of nurses are pooled under the supervision of the director of the voluntary agency (now a civil service employe at a dollar a year), giving Eastchester an efficiently generalized nursing program, with each group continuing on the payroll of its own agency. Another constructive result of the study was the dissolution of the township board of health which employed only a part time health officer, and the integration of the township public health functions in the well-organized full time county health department.

Recently, in Seattle, Wash., a similar partnership has gone a step farther. Here the voluntary agency has transferred funds to the health department to cover the salaries of its own nurses so that they may have the same civil service status and benefits as those of the official agency.

These examples, and many others which could be cited, indicate the basic truth that both public and private agencies have a role to play in promoting the community's good health. Selskar Gunn and Philip Platt, in their book "Voluntary Health Agencies" say: "Cooperative movements require not only exceeding patience but unending compromise. The results are never spectacular, and if they were, they would likely be ephemeral. . . . Success . . . depends upon the leadership, which is rare and costs money. Moreover, money for such undertakings should come from private rather than public sources . . . for private money alone has the necessary freedom and elasticity." Such cooperative undertakings are the bridge "between the health department and the residents of the city or of a district, over which traffic in ideas and services may flow in both directions."



Los Angeles (Calif.) Tuberculosis and Health Association

Workers line up for chest X-rays outside local TB association's mobile unit

Pioneers

In such practical experience is to be found the answer to one of the questions posed at the outset of this report, namely, "Why, since tax-supported official health and educational agencies are so numerous, are voluntary health agencies needed?" Historically, their function has been and still is, to pioneer in relatively uncharted areas of direct service and of coordination and planning. Such were the beginnings, as told by Gunn and Platt, of the National Tuberculosis Association, the American Social Hygiene Association, the American Cancer Society, and others like them, together with their state and local counterparts. The authors say:

"While medical knowledge and skill were growing, many important possibilities for improving health or preventing disease were receiving no official attention. Individuals here and there, however, recognized opportunities for positive action that might advance the health and welfare of people generally or of those suffering from particular diseases. One who is sensitive to the need and resolved to do something about it brings together some like-minded citizens, professional and lay. The group or society develops a program of action. It elects officers. It raises some money. A voluntary health agency is born—sometimes a local body, sometimes one national in scope.

"It was in this way that a modest society was formed in Philadelphia in 1892 to tell people how tuberculosis could be prevented and cured. This started the *citizens'* attack on tuberculosis, in distinction from the physicians' or the health officers.' In a similar way, groups of public-spirited Americans made vigorous attacks: in New York City on the double-edged problem of venereal disease and prostitution; in Connecticut upon the protean but wholly neglected field of mental hygiene; and in numerous large urban communities on the excessive illness and death of infants and mothers."

And again the authors suggest the beginnings of the task of health and community education that has been supremely the field of the voluntary agency:

PRODUCED BY UNZ.ORG
ELECTRONIC REPRODUCTION PROHIBITED

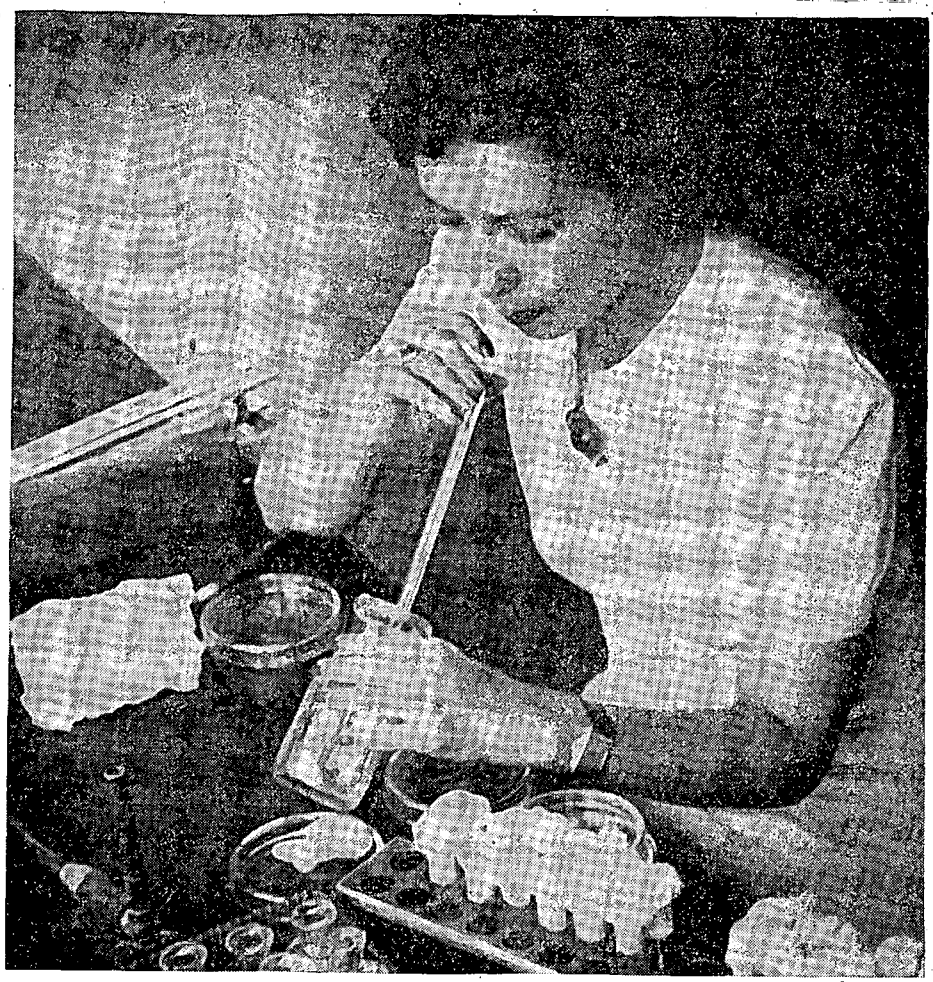
"It was equally inevitable that the efforts of these organizations should reveal the destructive role of poverty and privation in ill health and disease. These well disposed men and women discovered at the same time that the gross ignorance of ordinary people contributed toward keeping them and their children both poor and sick. Babies dying because mothers were ignorant about proper feeding: something should be done about it.

"We had long since accepted the common tax-supported school as a necessary part of our democratic society. And we had progressively added to our common education many items that seemed of general value, including the elements of hygiene. But medical knowledge was outrunning our educational system while changes in living conditions and usages injurious to health were outrunning the ability of the family to keep its members well. There was need for shortening the path between those who were creating vital new knowledge and those whose daily lives depended upon making use of it. The dissemination of this knowledge about preventing disease and keeping well became a major task for those who were concerned with the common welfare."

Further analysis of the roots out of which the uniquely American voluntary health agencies grew mentions "first of all, the American tradition of freedom"; and second, our "common aggressive attitude toward all sorts of problems and situations," without which "no amount of freedom would produce any results." And finally there was the "rapid economic expansion through industrialization, which made available . . . leisure as well as . . . material resources."

On this point, Harold Cavins in his recent "History of National Health Agencies" says: "While our nineteenth century economic system may have been a direct and incidental cause of much poverty and social injustice, its fruits have implemented and made possible most of the nongovernmental machinery that has been created to deal with our social problems. . . . When the spirit of philanthropy imbues an individual or a group of individuals who have at their disposal the modest—or even the immoderate—profits of capitalism, the use of some of it for the social good is not surprising."

By and large, it can be said that the 20,000 voluntary health agencies, "countless pieces taken from a great mosaic and scattered about the country," are a product of the twentieth century. Their rise coincides roughly with the rise of what we know as present day promotional techniques. The devices of membership, fund raising, and mass education through the visual and auditory arts are those developed in the advertising world. The



Department of Health, City of New York

In a public health laboratory: preparation of convalescent serum for scarlet fever

Gunn-Platt study makes special mention of the spectacular returns from "campaigns using special devices for getting large numbers of small contributors city by city, county by county, state by state, throughout the nation," and the responsibilities laid upon the agencies by the very virtue of such successes. But that is another story, discussed elsewhere by other authors in this special issue of *Survey Midmonthly*.

Transfer of Functions

Specific working relationships between public and voluntary health agencies vary with many factors, such as the social maturity of the community, the strength and completeness of the official agency's program, the character of the board and executive of the voluntary agency, and many others. Dr. Harry S. Mustard, in his article on "Public Health" in the 1945 Social Work Year Book, says:

"The relationship between official and voluntary public health organizations, while theoretically simple, is in practice complex and varies from place to place. Voluntary organizations manifest the citizen's desire for public health service over and above that provided by the government. Where government has been slow in meeting obvious health needs, as in tuberculosis, independent agencies undertook health services designed to meet these needs. Later, when national, state, or local appropriating bodies indicated a willingness to provide financially for health work previously carried on by voluntary agencies, the latter as a rule, though not always, have moved still further forward on the frontiers of public health."

Dr. Mustard thus agrees with Gunn and Platt on the fundamental principle that the private agency should step aside when the official agency is ready to take over responsibility for a public health function. The authors put it thus:

"Leaders of unofficial agencies must accept as sound the principle that when a public department is ready and willing to assume what is a recognized function of such a department, it is good policy for them to yield that function graciously. More than that, it is the obligation of the private agency to stimulate such transfer of function and then to get into action, if need be, to insist upon competent administration rather than to argue public incompetence as an excuse for recapturing the service. . . . The good executive and the good board are forward-looking. . . . They do not cling to activities that clearly belong to the official agency."

Again and again—outstandingly in the

PRODUCED BY UNZ.ORG
ELECTRONIC REPRODUCTION PROHIBITED

case of the American Child Health Association—the voluntary agency has seen the need, organized a program to meet it, mobilized public opinion, and thus prepared the way for the assumption of the program by an official agency, local, state or federal. Among the varied reasons for the dissolution of the American Child Health Association in 1935 was the fact that many of its activities had been transferred to the U. S. Children's Bureau, the organization of which it had helped stimulate in 1912.

Demonstration Projects

Someone has said that progress is the result of a series of nudges. The voluntary health agency is the great nudger of the public health movement. Not only have these agencies shown "exceptional initiative and inventiveness" in carrying out their pioneering traditions, but they have also "advanced the public health by carrying out experimental projects" which, once their effectiveness has been demonstrated, can be undertaken by the suitable official agency. Some of the nudges have been barely perceptible, others have had unmistakable force.

The recent act providing for a tuberculosis division in the U. S. Public Health Service, with its provision for financial aid to official state tuberculosis programs, is the natural flowering of the forty years of activity by the National Tuberculosis Association and its locals in hammering home the evidence, in season and out, that tuberculosis can be completely eliminated if only the will and the means to do so are available. Likewise, ripples set in motion by the American Social Hygiene Association finally resulted, in 1938, in the La Follette-Bulwinkle act which provided the Public Health Service with funds to aid state venereal disease control programs.

On the local level, the Cattaraugus County Health Demonstration was begun and carried on for eight years as a cooperative venture between the Milbank Memorial Fund and the official county board of health, as the first full time county health organization in New York State. Much to its credit, the official county board of health continued this all inclusive countywide public health program after the private funds furnished for the demonstration period were withdrawn. It has been well maintained for fifteen years.

More recently, the Astoria school health demonstration project in New York City was planned and carried on jointly by the department of health and the board of education. Financial support for the project, however, came from the Metropolitan Life Insurance Company and various agencies, until the demonstration had been made and public funds could be provided.

A final and excellent illustration from Indianapolis, Ind., (Marion County Tuberculosis Association) is quoted by Gunn and Platt: "Six projects developed by the association were in due course turned over to the appropriate official agency:

1. Fresh air schools, for which the association furnished extra personnel and special supplies;
2. Nutrition program in city schools;
3. Visiting nurses supplied to the county health department;
4. Nursing demonstration in three townships;
5. Rehabilitation of tuberculous in county sanatoria, for which the association supplied director and the county school board supplied teacher;
6. Tuberculin testing and X-raying in colleges."

Aiding the Official Agency

Far from being a rival of local or state health departments, the voluntary health agency can, and frequently does, render to the official agency a unique service, made possible only because of its non-official character. The private agency "as a free-roving pioneer," not subject to statutory and financial restrictions, may assist the public agency by lending personnel or contributing funds for special equipment, supplies or services.

"An impressive example of such support is found in the Iowa State Tuberculosis Association, which pays half the salaries of the eleven staff members of the bureau of tuberculosis of the State Department of Health. In addition, the local associations share much of the cost of the case-finding program in the entire state. Moreover, this joint operation serves not only as a practical demonstration of harmonious cooperation between voluntary and official health agencies but also as a continuous practical education on standards as well as on the values of the services. All this has its effect upon the officials, professional workers, and on the public at large; and it leads to a progressive strengthening of the official tuberculosis bureau, thus leaving the voluntary association free to undertake new projects."

Likewise the voluntary agency can guard the official health department against unfavorable public opinion. "It is the task of the voluntary health agencies to develop understanding . . . in the citizen's mind that the health department is truly *his* health department. The rare health officer can bring this about himself; the average health officer needs the voluntary health agency more often than he realizes."

In the advancement of health legislation the voluntary agency also supplements the official agency. "Every conceivable method of arousing public opinion and obtaining public support at election has been effectively employed by voluntary health agencies. . . . So long as we retain a democratic way of life, we may expect voluntary health agencies to be an active force in advancing health legislation."

Among the significant outgrowths for which voluntary initiative can take a large share of the credit are the health councils that have been developed in many communities, either as independent organizations or as sections of councils of social agencies or other planning bodies made up of both voluntary and official groups. The health council represents the community's conscience with respect to the health of its citizens. It attempts to coordinate public and private activities, to fill unmet needs, and to develop a public understanding of local health work so that there will be the necessary citizen support for tax funds and legislation for the official agency. One of the methods used to achieve these objectives has been the community health survey.

During the war, when changes were both bewilderingly rapid and kaleidoscopic, many communities were fortunate in having health councils to promote and maintain the normal peacetime services on the home front which were of vital importance, though less glamorous than many of the more direct contributions to the war effort.

Community Participation

And finally, in its training and use of a large body of volunteers, the private agency renders a service to the whole of the health movement, public and private. Not only do these volunteers perform a large amount of valuable service for the private agencies, and often for the public agency also, but in addition there "is the incalculable value to the community and to the workers themselves that comes from the common experience of large numbers of citizens serving a common purpose." This common experience may mean much in the understanding and support of the official health agency.

Thus it is, as Gunn and Platt point out, that there is no necessary rivalry between private and public health agencies on local, state or federal levels of government. The private agency should be the initiator, the experimenter, the mobilizer of public opinion, the gadfly, if you will, of the official health department, sometimes teaching, sometimes prodding, sometimes defending, sometimes supplementing, but always working toward the common goal of "preventing sickness and maintaining a high level of public health."

PRODUCED BY UNZ.ORG.
ELECTRONIC REPRODUCTION PROHIBITED

The Need for Teamwork

The health movement, at present disjointed and compartmentalized, needs a unified plan. The National Health Council should further experiments for centralization.

BLEECKER MARQUETTE

If there were any need of evidence that voluntary health agencies have made a noteworthy contribution to the health of the nation, we have it now in the Gunn-Platt report—the most searching study of these agencies' activities ever made. They have proved their value by enlisting the active interest of thousands of citizens in the health movement, by carrying authentic health information to our people, and by launching boldly into new and untried fields of effort. The voluntary health movement will continue because it has proved its worth.

But in the searchlight of objective analysis, crucial defects in the movement are revealed. Citizens are giving priceless support to a vast network of private effort which is not measuring up to its present possibilities, and is not geared to meet widening future opportunities to promote vigorous health, work efficiency, and a higher enjoyment of life for all of our people.

Planning Essential

Team play, general over-all strategy, intelligent planning are essential to the success of any great effort. Never has this been more strikingly demonstrated than in the conduct of the European war by the Allied forces—one united team, a single coordinated plan, one supreme command. The great weakness of the voluntary health movement is that it has none of these. It is disjointed, compartmentalized, without centralized direction.

This undesirable characteristic of our private health service is equally apparent among the national agencies, at the state level, and in the local community.

The national agencies suffer from "isolationism." Each deals with a fraction of the problem, usually one disease—tuberculosis, cancer, heart disease, diabetes, infantile paralysis. Each operates independently with its own particular plans and methods. Wide gaps exist, but no group is concerned with filling in the voids. Although people are interested not merely in avoiding these particular diseases but in acquiring and maintaining positive, vigorous health, the national health agencies do not deal with the whole man. Moreover, the strength of their attacks depends not so much on relative need as on the effectiveness of a particular money-raising device. Some of the nationals count their funds in millions. According to the report, a few actually have difficulty in finding enough sound projects to utilize all of their financial resources. Others tackling far greater menaces have so little that they can attempt only a fraction of the work that needs to be done.

The increasing number of financial appeals for special health programs is disturbing local communities and confusing the public.

In the states, citizen effort in the health field, with a few notable exceptions, is weak. Two or three nationals have state and local affiliates and reach great numbers of our people with their specialized programs. But most nationals are too poor for that. In the main, small local communities get but little of the kind of help they should have in building better health for their people. In only two or three states is there a genuine effort to coordinate statewide voluntary health programs; in most there is little to coordinate.

It is in the local community that these weaknesses in national and state leadership come home to roost. Here are the grass roots of public health. John Doe may make a modest contribution to the national fund to fight infantile paralysis, but when polio strikes in his own community he is really aroused and wants to know that someone is on the job. If he hears that the county tuberculosis hospital is so crowded that it has to turn away infectious cases, he senses personal danger and wants something done about it.

Because people live in local communities, they must depend upon local facilities to meet their needs—medical, dental, and nursing care. They look to their own agencies for protection of the water, milk, and food supply, school health services, control of communicable diseases, and public health promotion in all of its aspects. Indirectly, they pay for all of these services, and they have a right to get as much public health as they pay for. It is the responsibility of local public health leaders to see that none of this money is dissipated in duplication, friction, or waste effort, or through lack of wise community planning.

National Committee on Housing, Inc.

The Local Community

However, the typical situation in all but a few urban sections is none too good. The school health program is meager—perhaps conducted by school authorities and not integrated with the work of the health department. Numerous voluntary health agencies are each working independently in their own special fields. The medical school is ready and willing to make its contribution to community health planning but has never been invited to do so. The professional societies—medicine, dentistry, nursing—are on the sidelines. It is no wonder that they view with suspicion some of the things health organizations are doing, since they are not kept informed or asked to participate.

No superstatesman is required to deduce that what is needed is some practical means for bringing all health groups together for united fact-finding, programming, and action. Twenty-five years ago this need was seen, and the local health council plan was worked out to meet it.

The idea is simple enough. It involves setting up an organization composed of representatives of all these interests so that they may sit down together, become fully acquainted with each other's functions, and then study the whole field of need. Commonly a division of the council of social agencies, this health council's functions are those of coordination, research, elimination of duplication, general health education, and the fostering of broad and integrated community health programs. It usually has divisional committees in the major health fields, such as child health, mental hygiene, nursing, health education, dental health, with programs and activities integrated by a governing board.

The health council does not dictate and it does not weaken the autonomy of any affiliated agency. It does indicate ways in which the work of such an agency can fit more effectively into the community health plan, perhaps suggesting re-

PRODUCED BY UNZ.ORG
ELECTRONIC REPRODUCTION PROHIBITED

organization or combination of some activities but never attempting to coerce. Ordinarily the council performs no direct services.

There is no fixed pattern of organization. Some councils consist of representatives of health groups only. Others include delegates from social and other agencies and citizens at large. Those with the wider representation have an elected governing board. In the other cases, the agency representatives are the board. Some limit their interest to preventive health work. Others cover the whole field, including organized care of the sick. From experimentation with these variations it has been expected that the most satisfactory pattern of organization would evolve.

The desirability of some such means for community planning seems so patent that one might assume that vigorous health councils were in operation at least in all large communities. This is far from the fact. Progress towards real teamwork in local health effort has been painfully slow. Probably not more than fifty to a hundred health councils exist even in name. Judging from the sample of thirty-four councils studied in the Gunn-Platt report, not more than a dozen would be rated effective. Some of these have done a first-rate job. What they have accomplished proves that the plan works when there is a will to cooperate, sufficient autonomy, energetic leadership, reasonably adequate funds, and competent staff to make the wheels turn.

The principal reason why the "run-of-the-mine" health council is so anemic, is because most local communities have been unwilling to give it the wherewithal with which to operate. With little critical analysis, they put up money for a multiplicity of direct services. But they tend to pride themselves on their "low overhead," are chary of spending money for a competent health council staff, and fail to realize that a small investment in coordination and planning will pay dividends on the community's total health expenditure.

The Immediate Challenge

The experience of the last twenty-five years teaches us that part of the remedy for this lack of progress lies in strong national leadership. During that period, communities have been strictly "on their own" as far as community organization and community planning were concerned. No national health group has given them stimulation, helped set their sights toward coordination and unification, been available for advice on organizational structure and planning methodology. Indeed the national impact on local communities and on states actually has been divisive.

In the main, each national agency has been competing with the others for local attention. Almost inevitably, the pull of its field service, its publicity, its money-raising efforts has been away from the development of local machinery essential to over-all planning and coordination, rather than toward them. That some few communities, more or less independently, have been able to pull themselves up by their own bootstraps and work out their own salvation, is to their everlasting credit. They have pioneered in developing leadership and in pointing the way toward sound structure and procedure. But we now know that only as national leadership capitalizes on their experience and aggressively promotes it, will these seeds of sound procedure ever grow and flower for the benefit of the entire country.

National Health Council

Twenty-five years ago, the National Health Council was organized to serve this purpose. But it has failed for much the same reason as have the local councils —lack of adequate funds and strong leadership, and lack of willingness on the part of the boards of the national agencies to yield some part of their autonomy. With these essentials supplied, there is no reason why today it cannot succeed.

The council must be revitalized into an effective agency, adequately financed, with an executive of outstanding ability and with a strong board made up not only of agency executives but also of able public-spirited citizens who will insist that the larger public interest supersede that of any individual agency. It must bring about an integration of the programs of the national agencies and must help work out a centralized plan for financing the weaker national agencies that have no satisfactory means of raising money. It must be the repository of voluntary concern for the health of the whole nation, the whole health of the individual. It should undertake a dynamic, nationwide campaign of health education —such as our country has never had— directed towards positive health building, using every effective medium for reaching all of our people.

Particularly, the council should have a specially trained field staff, competent to give local communities and states advice and help in over-all organization and planning. When their health activities do not "click," communities usually know it. What they do not know, is how to make them "click."

During the Gunn-Platt survey, local groups almost invariably asked the authors how their community measured up and what was needed to get better results. There was a real demand for expert counsel on local community health organization. The National Health Council field staff should make a thorough study of the successful local councils, so that they can give complete details as to how they operate, what they have done, and how they have done it.

In addition, an impressive amount of unfinished local business awaits aggressive national leadership. It is up to the National Health Council to provide it. Small towns and rural areas have been largely neglected. It is time they receive more attention. Even the larger urban areas have a long way to go. For example, in the country over, adequate health services are not being provided for children and adolescents—otherwise the selective service examinations would not have revealed so many remediable defects that should have been found and corrected in childhood. The prevalence of dental caries is scandalous. The need for mental hygiene is sharply pointed up by the war experience. A great deal of positive benefit can be brought to our people by making better use of the priceless modern knowledge of nutrition. The chronically sick are growing in numbers as the average population age increases, but few communities are prepared to care for them. Local planning to meet these problems will drag unless national leaders point the way.

Ultimate Objectives

Moreover, many local health leaders need to broaden their vision and pay more attention to the positive side of health building. This involves more than health examinations and health education. Slum environment, inadequate income, unemployment, lack of wholesome recreation, smoke-laden air, stream pollution, excessive noise—all of these factors have a relation to health. While health agencies alone cannot solve these problems, they should support national and community planning for this purpose.

In these and other ways, the National Health Council can do much to assist local communities to envision the shape of things to come and to prepare to meet their responsibilities.

Is it too much to expect that the national voluntary health agencies will take these first steps? To do less than this is to do nothing. To do nothing is to court demand for action by informed citizens certain to become increasingly aware of our disunity and critical of the numerous and diversified appeals, financial and otherwise.

If a group of the nation's "top" health leaders were asked to outline an effective plan for voluntary health organization without regard to the difficulties involved in changing the existing pattern,

(Continued on page 279)

PRODUCED BY UNZ.ORG
ELECTRONIC REPRODUCTION PROHIBITED

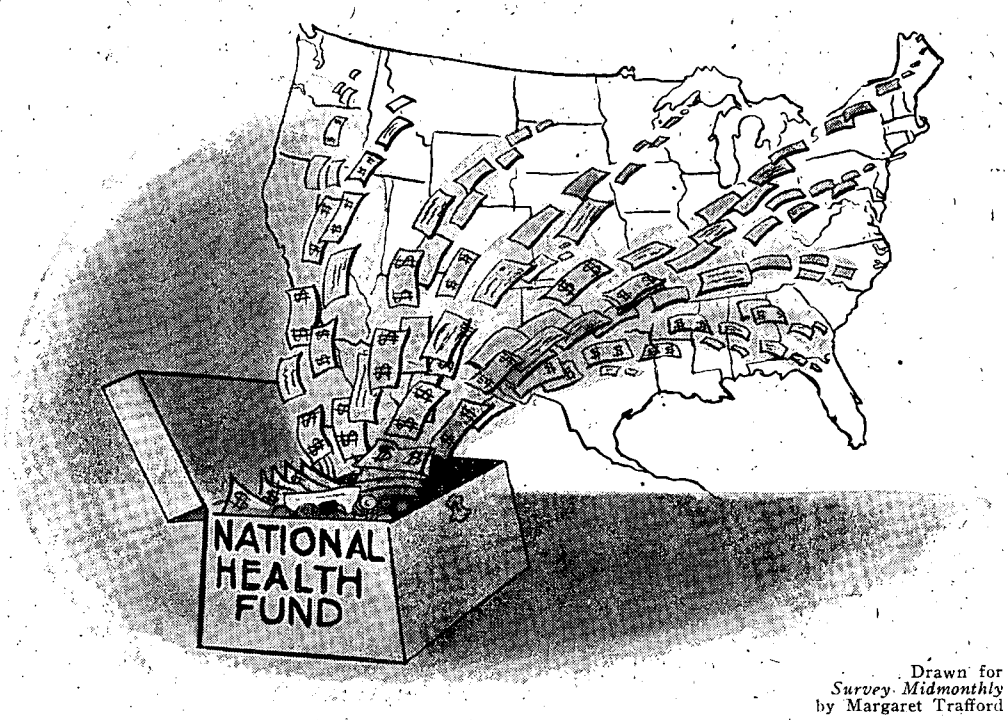
PAUL L. FEISS

looks at

the financial side

of planning for

better health services



Drawn for
Survey Midmonthly
by Margaret Trafford

One Fund for All

MANY businessmen have long felt that the entire structure of social work in this country needed to be studied with a view to unification and simplification. They have subscribed in spirit and with money to its purposes, but with increasing doubts about the multiplicity and confusion of its organizations. Organized labor is now voicing the same questions.

At the outset of this article, therefore, I should like to pay tribute to Selskar Gunn and Philip Platt, authors of the report "Voluntary Health Agencies," and to the men and women who sponsored it. I am confident that informed laymen everywhere will heartily welcome such a constructive and courageous approach to this central problem in one important section of our health, welfare, and recreation services. For the findings of the study, while limited exclusively to our voluntary health services, have important implications for the entire field of social work.

In the last analysis, the provision of health services, or any other kind of social services, takes money. Unless there is money for trained personnel, for equipment and supplies, for research, for citizen education, the best plans in the world never see the light of day. And so it is not surprising that the authors of this report devoted an important section of their study to the adequacy of present financial practices, nor that they feel many of the recommendations described elsewhere in this issue of *Survey Midmonthly* will have little chance of success unless accompanied by the unification and simplification of financial procedures.

Vast sums are now being raised and spent by the voluntary health agencies of the country—local, state, and national. The report states: "The closest possible estimate (which is necessarily rough) of the sums contributed by the public to voluntary agencies in the fields represented by the national agencies, and including their own headquarters' income, amounts to $48,100,000. This does not include the health services of civic and welfare associations, private physicians, hospitals, foundations, the cost of health and accident insurance, or any other unofficial expenditures in the cause of health. Nor does it include that portion of the $200,000,000 contributed to the American Red Cross, which is devoted to civilian health."

Such an aggregate means little, however, except perhaps as evidence that the American people are today supporting private health services with reasonable generosity. [See page 252.] The issue is whether or not this amount of money, as it is now being raised and spent, is meeting adequately for the country as a whole, those needs which are the present day responsibility of private service.

Points of Weakness

The authors of this report are perfectly clear that the need is not being met adequately. In this connection they make the following points:

1. When broken down, it is evident that this great sum is not raised and utilized with reference to the relative importance of the different causes of ill health. "Two voluntary health movements, fighting two diseases (tuberculosis and infantile paralysis) obtained from the public $31,600,000 in 1945, while many other public health dangers of greater individual or collective importance must be combated by all of the other voluntary health movements with only a small fraction of this amount." Nor is it realistic to place responsibility for correcting this imbalance on the contributors.

"We cannot expect every person to contribute to each cause according to its relative importance or needs. Many, no doubt, center their interest on one or two 'causes' and harden themselves against other demands. Most of us, however, respond to requests for help according to mood, according to cash in hand, according to the emotional tone of the 'appeal.'"

2. For the country as a whole, there is also great geographical imbalance. The money now raised is mostly for agencies established in urban areas. That is where wealth is concentrated and service has followed the dollar. How to equalize the present situation and provide service in isolated areas and small communities is one of the most difficult problems confronting the voluntary health movement. Obviously, wealthier communities must be persuaded to assume their share of this responsibility. The lack of strong state organizations, conducting unified educational and financial campaigns throughout

PRODUCED BY UNZ.ORG
ELECTRONIC REPRODUCTION PROHIBITED

all of the counties of the state, has been a factor contributing to big city isolationism.

3. The multiplicity of fund-raising drives has created confusion and distrust in many communities. Where community chests were started as war chests during the first World War, they were concerned not only with bringing order out of the chaos created by the multiplicity of appeals largely for foreign relief, but also with the war appeals of the American Red Cross, YMCA, YWCA, Young Men's Hebrew Association, Knights of Columbus, and Salvation Army. At the end of the war, chests took over support of local social and philanthropic agencies and continued to support certain national organizations which had become firmly established.

However, since that time many new national agencies have been created and, generally speaking, these have undertaken separate appeals. In fact, it seems probable that for the whole country (including the Red Cross which some years ago withdrew from community chest support), more money is now raised by separate drives than by some 800 community chests now in existence. There is no doubt a saturation point which marks the practical limit of total contributions that can be secured in any one local community at any given time. The problem confronting community chests, therefore, becomes seriously involved with national agency practice.

4. The task of working out future plans for financing private health service is further complicated by the fact that in contrast to most other fields of welfare service, a high proportion of local health agencies do not now participate in chests.

"It is true that all the public health nursing associations, half the mental hygiene societies, and about a third of the hard-of-hearing societies, do participate. But the other local health agencies of the type we are considering are seldom included in chests. One in eight of the social hygiene associations and a few of the local heart committees are included. Only rarely are local tuberculosis associations, county chapters of the National Foundation for Infantile Paralysis, the field army of the American Cancer Society, planned parenthood associations or local chapters of the American Red Cross, found in a chest."

While the local agencies not financed by chests generally cooperate through local health councils, there is lacking the intimate scrutiny which chest supported agencies have.

Although the community chest movement is firmly established, its value and effectiveness may be seriously restricted if further inroads are made on the contribution potential of local communities. On the other hand, if the general trend continues, national agencies may find it increasingly difficult to meet their expanding budgets.

5. The entire subject of money raising techniques needs to be thoroughly explored. More than any other field of social service, health agencies have placed their reliance on certain campaign "devices." In three instances these have brought phenomenal results. The March of Dimes profited by the great prestige which President Roosevelt's support gave it. His own infirmity and popularity gave it a unique and sentimental character. The tuberculosis Christmas seal method has been outstanding, and its counterpart in the Easter seal sale for crippled children has produced substantial sums. But these are the exception and not the rule. Many other important health services are very meagerly financed.

This, then, is the picture of the present financial situation as presented to us by Gunn and Platt: imbalance in expenditures both in relation to the causes of ill health and the needs of different sections of the country; ineffective money raising techniques of many national movements; local agencies not participating in the traditional chest plan of joint financing; a public becoming increasingly irritated by a multiplicity of drives.

One National Campaign

What is the constructive solution? My own experience leads me to the same conclusion reached by Gunn and Platt. The only practical way to meet present weaknesses is to organize with courage and decision a single national campaign that will cover the entire country in the interest of these various health agencies—local, state, and national.

It is high time that some forward looking group of national agencies moved practically in this direction. The National Information Bureau has long been aware of the chaotic situation in the general national agency field. The National Social Work Council has recently addressed itself to this problem, but no definite program has yet been put into effect. The recommendations of this study, directed toward the group of health agencies which comprise the largest single block of national voluntary agencies, if put into effect, might well change the entire character of our national outlook.

I would be the first to grant that the task of achieving financial unity, while theoretically logical, is, for practical purposes, complicated. It calls for realistic statesmanship and a willingness to submerge many immediate and minor issues in the interest of a larger ultimate goal. But if we look candidly at the present scene, I think we can see certain underlying factors which not only make for a favorable opportunity to achieve the desired result, but which indeed are pressing us toward that end.

First, there is now at our disposal both the experience and the machinery of the National War Fund. The wisdom of such organization to avoid the multiplicity of drives and the resulting confusion of the last war has been amply demonstrated. It has organized campaigns in every state and every county of the United States. Whole sections of the country—sections where voluntary service has been very meager or nonexistent—have now experienced for the first time the satisfaction which comes from joint financial effort.

The universal testimony of men in the field is that many counties and small towns would like to continue this machinery for peacetime purposes. For 1945, about $30,000,000 was raised for the National War Fund agencies in rural and small town areas which had never before conducted joint campaigns under community chest or other auspices. Moreover, this $30,000,000 from these new rural and small town areas represents only the money which they allocated to the war relief agencies of the National War Fund. A very great number of these counties and towns also raised, for the first time, an additional amount with which to develop and expand local services.

No national figures are now available to give us an accurate estimate of this total. But in certain states, we know that it at least equaled the amount allocated to the National War Fund agencies. An estimate that these national campaigns have produced more than $50,000,000 of new contributed money in non-chest areas alone is probably conservative. This new income not only illustrates the potentialities of nationwide campaigns for peacetime purposes, but in amount approximates the total reported by Gunn and Platt as raised (mainly in urban communities) for all voluntary health agencies in 1944.

Second, it is true that, for the whole country, urban communities through their combined war fund and community chest drives, still raise the biggest proportion of the grand total.

Local chests raised in 1944 for 1945 about $215,000,000, of which $74,000,000 was allocated to the National War Fund. After including $11,000,000 allocated by the New York City War Fund, the total from community chests and the New York Fund was $85,000,000, or 73 percent of the entire receipts of the National War Fund.

PRODUCED BY UNZ.ORG
ELECTRONIC REPRODUCTION PROHIBITED

One result of the combined war relief and chest appeal has been to raise substantially the local level of giving. Cleveland, for example, raised in 1944 $5,751,012, as against $3,440,786 in 1941. Other chest cities showed similar increases. These increases, of course, have been made possible by the impact of the patriotic war appeal, by the increase of incomes of both individuals and corporations, and by the stimulus of tax deductions for both corporations and individuals in the higher income brackets. Another probable factor is that local chests were participating in a national effort which gave them national publicity and backing, and many specific services that helped them in the organization and conduct of their own drives.

Third, as a result of the increased sums raised in chest areas, local agency budgets have been substantially increased during the war period. In Cleveland, for example, $1,648,979 of the total raised for 1945 was allocated to the National War Fund, but about $500,000 more than in 1941 has been available for local services. For the country over, chest appropriations to local member agencies for 1945 increased an average of 34 percent over 1941. It might be noted, parenthetically, that the non-inclusion in chests of many of the health services studied in this report has meant that they have not benefited in this increased distribution of chest funds.

To be sure, with the end of the war, local chests are now confronted with a serious problem. Many of these increases have been due to the higher cost of living which has compelled substantial increases in compensation rates for the employes of all voluntary agencies, local as well as national. Costs of supplies and maintenance have also risen. Chests must raise more to support local institutions at a time when cut-backs of war orders may reduce employment and corporate and individual income.

On the other hand, the National War Fund has announced that this will be its last campaign for war relief agencies, and the liquidation of these appropriations will "cushion" reduction in local totals. High taxes will no doubt prevail for some years to come, and continue to provide this stimulation to voluntary giving. And we may hope that the optimists are right in their prediction of a swift industrial and employment recovery.

Undeniably, however, local chests are in for a difficult period in the years immediately ahead. But this author, at least, believes that a National Health Fund, replacing the National War Fund, would give them a new appeal, with national backing and challenge that would be a positive help in maintaining the current level of contributor support.

Wishful thinking? Perhaps. But imagination is the herald of accomplishment. We have accomplished many impossible things here in America, and this may be one of them.

Fourth, over the years, gifts from corporations have accounted for an increasing proportion of the total amount raised by community chests, and the National War Fund reports that about one third—upwards of $40,000,000—of its total income came from this source. Yet it is a fair guess that only a very small proportion of the $48,000,000 reported by Gunn and Platt as raised by the voluntary health agencies, came from corporations. The campaign devices which account for the bulk of this money do not lend themselves to corporate solicitation. Isolated appeals for smaller amounts make little impression on corporate boards of directors.

Yet for health agencies particularly, there is a challenging possibility in the category of corporate gifts. If a corporation can be shown that its contribution is not only justified as an acceptance of its share in the national and local social responsibility but that its employes may be directly benefited, many may be induced to make substantial pledges.

Indeed, in addition to outright gifts there is a real opportunity to enlist payments for certain kinds of direct services. In some industrial communities hospital beds are supported by certain companies for use of workers injured in their plants. Personnel departments, which have increased in number so rapidly, usually have dispensaries with physicians and trained

American Social Hygiene Association

Education for better health through labor-management groups: distributing health tabloids at Sperry Gyroscope Company

PRODUCED BY UNZ.ORG
ELECTRONIC REPRODUCTION PROHIBITED

nurses in charge. Trained dietitians direct plant cafeterias, and home visits are made to service the sick and injured. There would seem no reason why at least some of these services should not be assumed by local voluntary health units. This would thus relieve the employer of a task which is usually outside his own experience. The national agencies might well explore this field and establish a procedure that local branches might promote. A needed service could thus be provided and sold at a profit to both parties.

Another type of direct service of value to both employer and employe might consist of systematic physical examinations, organized on a communitywide basis, so that men and women would be assigned to work for which they are physically adapted. Such a service could be set up in connection with the public employment service. The new National Health Council could plan this, and experiment through the appropriate local agency. Local labor unions and employers, the chamber of commerce, could be enlisted and findings carefully noted and published. If successful, such an experiment should help reduce turnover and absenteeism. Health education in factories and retail stores might well be part of this cooperative plan.

Fifth, a second source of increasing income for both the National War Fund and community chests has been from employes, in an amount now totaling only slightly less than that from corporations. While some of the present appeals for contributions to health services undoubtedly reach individual workers, separate drives can never do so as effectively as a single consolidated appeal.

Saturation

The separate solicitation of workers in plants has already reached the limit in most industrial organizations. The management not only objects to the interruption of routine, but in most cases believes it has a duty to protect the worker from exploitation. In Cleveland, two campaigns for funds are generally accepted and enthusiastically supported inside the plant by management and workers, namely, the Community Fund (War Chest) and the Red Cross. No doubt this is true of other cities. Here again multiplicity creates confusion, and in the end reduces support.

Through the Labor League for Human Rights of the AFL and the CIO War Relief Committee, labor has now organized to participate actively and officially in health and welfare fund raising and planning. Both of these organizations expect to continue to represent the voice of labor in peacetime. Both are on record as being strongly in favor of the principle of joint financing and in opposition to the practice of separate and multiple campaigns.

Therefore, it seems highly probable that this labor leadership, if consulted, would support a consolidated national health agency drive and bring a source of strength to the promotion of our health services that has been lacking in the past. Conversely, we may expect from them a lukewarmness toward the permanent continuance of the present fund raising procedures in the health field.

Sixth, the only way in which the present distribution of funds, imbalanced both by geography and by field of service, can ever be improved is by carefully worked out budget procedures. This, in turn, will be impossible until there is a consolidated appeal and a national fund from which to make allocation. Many practical questions will have to be faced, but the task should be by no means insuperable and would certainly result in a more equitable distribution of resources than is at present the case.

It Is Possible

The USO has shown that it is possible to budget a national fund with approximate relationship to local needs in different sections of the country, and to work out agreements which preserve local autonomy and initiative. It has also shown that it is possible to do this with full representation of the national agency interests that are involved.

Well organized community chests have long followed established procedures in appraising the programs of individual agencies from the standpoint of relative need and importance. A similar procedure at the national level should result in an objective scrutiny of both needs and accomplishment. Included in such a budget study and review should be, of course, the service and administrative budgets of the national agencies themselves. The Gunn-Platt report makes clear that there is, at present just as much imbalance in their own incomes as there is in the general distribution of resources throughout the country.

Indeed, if a national campaign is organized, this whole function of budgeting seems a logical responsibility for the strengthened and enlarged National Health Council recommended by the report. Some of its lay members should be chosen with reference to their experience, not only in fund raising but also in budgeting and program planning. Nothing, I predict, would do more to put this council in the position of leadership which the authors envisage than placing upon it this responsibility.

Seventh, the possibility of tying in with community chest support should be explored and possibly tried out in a few cities first. This will make it possible for such campaigns as March of Dimes, Christmas seals, gradually to be replaced by community fund contributions. We must recognize that our health agencies do not exist in a vacuum.

Related Groups

Outside the health groups are other national and local agencies whose activities are related to them. Such organizations as those concerned with family welfare, child welfare, recreation, juvenile delinquency, and so on, are related to problems involving both physical and mental disease from the point of view of prevention and education. Intergroup conferences and exchange of experience might also be concerned with coordinated fiscal relationship, and some functional activities may well be relocated. All this points, of course, to the eventual uniting of all national and health agencies into one federation.

The way to begin is to begin. The Gunn-Platt study points the way of beginning towards joint financing and joint planning by this most important group of national health agencies. Being practical people, the authors are doubtful that the National Tuberculosis Association, the National Foundation for Infantile Paralysis, the American Red Cross, and perhaps one or two of the other agencies whose campaign devices are now producing large sums of money, would be willing immediately to pool their resources in a joint financial effort. But they believe it would be practical to enlist others in such an undertaking. And they would hope, as would we all, that once the success of joint financing was demonstrated, these larger and stronger agencies would join up.

Be that as it may, the history of philanthropy during the last forty or fifty years has shown the trend toward organized and unified money raising. Locally, in a large measure, giving has already been collectivized. In addition to this, there has been a steady increase in trusts and foundations, where large fortunes are dedicated to the betterment of society. All of this would appear to indicate that both the public and wealthy individuals want to put their contributions into the hands of experts.

Collective giving can best function through collectively organized and expertly conducted operational groups. Unifying national voluntary health agencies, therefore, would be the national outgrowth of a local manifestation. We are confident that the public will approve such a combination in the interests of restraint of waste, increased efficiency, and the welfare of the people of this country.

PRODUCED BY UNZ.ORG
ELECTRONIC REPRODUCTION PROHIBITED

THE COMMON WELFARE

Housing for New York

If New York voters approve the housing subsidy referendum (listed on the ballot as Proposition No. 1) on November 6, decent homes for more than six thousand American families will be made possible. Passage of the referendum would authorize the appropriation by the state legislature of an additional $1,250,000 for annual subsidies for state financed low rent housing projects. This would bring to $6,250,000 the total amount of annual subsidy the state may contribute to the cost of operation of public housing projects.

Such outright contributions are needed to make up the difference between what low income families can afford to pay in rent and the actual cost of operating, maintaining and repaying the loans for the construction of the projects.

When the State Housing Act was passed in 1939, in addition to authorizing loan funds to municipalities up to $300,000,000 for projects, the total amount of annual subsidy was limited to $5,000,000. This latter amount is being used to service the $185,000,000 in loans (of the possible $300,000,000) actually voted by the legislature prior to 1945. New subsidy is now required for another $35,000,000 in loan funds passed last spring.

This is the first test of the New York housing act before the voters since they approved it seven years ago. An overwhelming vote in its favor might well be regarded as a mandate from the people for a further extension of the program. It has national significance since it comes at a time when major national housing legislation is under consideration (see *Survey Midmonthly*, September, page 234). New York State has been a leader in promoting progressive housing legislation. What happens to the vote on this referendum will be certain to have some effect on the national picture.

A non-partisan measure, endorsed by Governor Thomas E. Dewey, and all political parties and labor groups, the housing referendum is being brought to public attention by a Statewide Citizens Committee on the Housing Referendum, with offices at 470 Fourth Avenue, New York City. Under the chairmanship of Loula D. Lasker, associate editor of *Survey Midmonthly* and *Survey Graphic*, this committee, with a membership of over eighty prominent civic, business, industrial, and labor leaders throughout the state, is organizing local committees up and down state, servicing interested groups with speakers, posters and other literature to help turn out a large affirmative vote for Proposition No. 1.

Joanna C. Colcord Retires

The Russell Sage Foundation announces the retirement of Joanna C. Colcord, who in 1929 succeeded Mary E. Richmond as director of the Charity Organization Department. The *Survey Midmonthly*, with the rest of the profession the country over, feels the sense of loss that comes when a good neighbor moves away.

Since 1934, JCC's name has stood on our masthead as contributing editor. In that year she and her associate, Russell Kurtz, joined the staff as consultants, and as pilots of a special department, Unemployment and Community Action, which reported the inventions and discoveries of communities in dealing with the human problems of the great depression. The special department continued until 1936, when the format of the magazine was changed, the news columns all grouped together in the back of the book.

Before and after that two-year close collaboration, JCC contributed not only articles and book reviews to *Survey Midmonthly* and *Survey Graphic*, but also tips, leads, good advice and, occasionally, brisk and wholesome correction.

To the staff, as to the whole field of social work, JCC has brought singularly rich gifts of background, experience, interest, and "insatiable curiosity." In herself she spans a whole period of American life, for she was born aboard a clipper in "the China trade," and spent most of her childhood and girlhood at sea. The sea is "in her blood," and its traditions and its language color her thought and her writing. On the shelf beside her professional publications—"Broken Homes," "The Long View" (the volume of Miss Richmond's papers and addresses which she edited), "Emergency Work Relief," "Cash Relief," "Your Community," many articles and reports, stand the books she wrote "for fun"—"Roll and Go," "Songs of American Sailormen," "Sea Language Comes Ashore."

In 1920, shortly after the United States bought the Virgin Islands, the Red Cross sent JCC to see what could be done about meeting the social needs of our new islanders. She set up a local Red Cross chapter, instituted a program of school nursing, opened three libraries, became thoroughly acquainted with the people and, she once wrote, "had a liberal education in diplomacy on a miniature stage."

She returned to the Islands briefly in 1931 and, four years later, she was a member of the advisory council to the Islands government, appointed under the Department of the Interior. Her clear-eyed and unsparing reports of Uncle Sam as a colonial administrator were published in *Survey Midmonthly* (May 1931) and *Survey Graphic* (April 1935). Both make timely reading today.

Miss Colcord came to the Russell Sage from the Family Welfare Association of Minneapolis. During her sixteen years with the Foundation, her department has made many studies of unemployment relief, public welfare, social security, and emergency community services.

In the National Conference of Social Work, the American Association of Social Workers, the American Public Welfare Association and other professional bodies, Miss Colcord's influence has been widely felt, not only because of her clear and vigorous papers, but also because of the broad understanding and salty common sense she has brought to committee meetings, group discussions, and the long midnight sessions where so many questions of policy and procedure are threshed out.

Now JCC is living in Searsport, Maine, in the old family homestead to which generations of Colcords have returned after their long voyages. There is a dory filled with red geraniums in the yard, and the sea is almost at the door. All who know JCC, know that it is a beloved harbor.

PRODUCED BY UNZ.ORG
ELECTRONIC REPRODUCTION PROHIBITED

HERE IN WASHINGTON

THE ARMED FORCES TOOK 60,000 DOCTORS during the war to care for 12,000,000 men, leaving only 90,000 to provide the medical services needed by 120,000,000 civilians, according to testimony at a recent hearing before the Senate Military Affairs Committee.

The witness, Colonel W. Paul Holbrook, an investigator for the committee, reported that the 60,000 medicos had, moreover, been used most "wastefully" with too few near the fighting lines and too many elsewhere.

However, all that being water over the dam, the colonel proposed a national health program with a Cabinet spot for a Secretary of Health and a federally sponsored nationwide health insurance system. He proposed a gradual elimination of all veterans' hospitals as such, substituting a plan of government payment of all or part of veterans' health insurance cost.

Under the Holbrook plan, which he told the committee is sponsored by three medical councils, the Secretary of Health would be in charge of military medical services, ranking with top-flight officers of the army and navy.

✦ ✦ ✦

SENATOR THOMAS (OKLA.) IS SPONSOR of a bill which would exempt veterans from the provisions of the Hatch act. The senator took action to forestall arguments that veterans receiving benefits of any kind from the government should stay out of politics. Under a strict interpretation of the law, he says, even disability compensation would bar former servicemen.

The act, directed primarily at government employes, prohibits all such from actively participating in politics. There are various interpretations of the meaning of "active."

✦ ✦ ✦

MORE THAN HALF OF THE NATION'S hospital beds are occupied by patients with nervous or mental disorders, Surgeon General Parran of the U. S. Public Health Service told the House Interstate and Foreign Commerce Committee during the recent hearings on the bill (HR. 2550) setting up a $4,500,000 national neuropsychiatric institute.

Dr. Parran declared that the conquest of mental diseases is one of the nation's Number One postwar medical problems. He gave the number of hospitalized mental patients in the nation as 600,000, but pointed out that the figure did not include those in special wards nor those under treatment but not hospitalized. He predicted a rise in such disorders.

The bill, sponsored by Representative Priest (Tenn.) would: aid states with federal funds in a campaign to combat mental and nervous diseases; train personnel to handle such cases; assist in the promotion of clinic centers for diagnosis and treatment.

The bill has a more than fair chance of approval. The testimony has been rather staggering, with figures on the service rejectees and dischargees highlighting the committee sessions.

✦ ✦ ✦

THE SENATE JUDICIARY COMMITTEE HAS the anti-poll tax bill, recently reported favorably by a subcommittee's 3 to 2 vote. Senator Hatch, chairman of the subcommittee, opposed the bill as did O'Mahoney (Wyoming) on the grounds that it is unconstitutional.

No hearings have been scheduled by the committee and, probably, none will be held this fall.

✦ ✦ ✦

PRACTICALLY UNCHANGED, THE FULL Employment Bill has gone to the Senate floor with a favorable 13 to 7 report from the Senate Committee on Banking and Currency.

The changes were unimportant. The "right to work" clause in the preamble was revised to say that workers were "entitled to an opportunity" for full time jobs, but the change was in wording rather than meaning. For some unexplainable reason that "right to work" seemed to frighten certain committee members. "Entitled" does not establish a legal "right." However, the bill later refers to employment "rights."

Two Republicans, Tobey (N.H.) and Butler (Neb.) supported the bill. Senator Tobey, replying to a threat by Senator Taft that the fight on the bill would be carried to the floor, said that he viewed the measure as a "forward piece of legislation." He added, "It is either a case of constructive planning or relief, and between the two there can be no comparison."

✦ ✦ ✦

DOYLE OF CALIFORNIA HAS A BILL READY for the hopper, although not yet introduced, matching federal funds for those states anxious to maintain the day care program. Mr. Doyle explains that it is only an interim bill to take care of the present emergency, but he expects later to introduce a bill providing for a permanent program. "Our children," says Mr. Doyle, "are a national asset and, therefore, a national responsibility. It is up to us to take care of them."

Mr. Doyle was at one time a juvenile court officer of Los Angeles County and before coming to Washington was on the California Board of Education.

✦ ✦ ✦

THE SURPLUS PROPERTY BOARD HAS A program which promises to give the American people the benefit of some of the stores built up during the war. These were, of course, paid for out of taxes and therefore by the people.

The board has two separate programs, health and education. Space forbids giving complete details but, briefly, the board would make medical equipment available to doctors, hospitals, and school clinics; and to schools the equipment for setting up school lunch programs, visual and audio aid programs, athletic and physical education programs, manual training courses.

"Our idea," said Robert A. Hurley, a member of the board, "is to use surplus military property as economic seed corn.

"We feel that most of this machinery can be put to immediate use without hurting industry. On the contrary, we feel that if we plant a new hospital in a community . . . that community will keep up the hospital and replace the drugs and pharmaceuticals as they are used.

"Similarly, if we put a motion picture projector or a radio in a classroom, the school will keep the equipment repaired and replace the parts as they wear out.

"In this way military leftovers can be used not only to raise standards of health and education, but to create new markets for industry."

✦ ✦ ✦

THE JOBLESS PAY BILL WAS PASSED BY the Senate and went to the House. There, Chairman Doughton of the House Ways and Means Committee, the sponsor of the twin House measure but personally antagonistic to the bill himself, promised to begin work on it immediately. A few days later, the committee "postponed indefinitely" any consideration of extended unemployment compensation. The committee vote, which shelved both the Kilgore bill and the much more conservative George bill, approved by the Senate, lined up Republicans and southern Democrats against the Administration program.

Russell Lawson

PRODUCED BY UNZ.ORG
ELECTRONIC REPRODUCTION PROHIBITED

BOOK REVIEWS

CREATIVE DEMOBILIZATION, edited by E. A. Gutkind. The International Library of Sociology and Social Reconstruction. Oxford University Press. Two Volumes. $12.

IN CARL BECKER'S HIGHLY PROVOCATIVE book "How New Will the Better World Be?" he issued a pertinent warning to those for whom the word "planning" has become anathema. He insisted that if we attempt to revive the type of normalcy which captivated the American mind after World War I, "we shall only undermine our own export trade, alienate half the world, contribute to the collapse of world economy, and do our share to prepare the way for another global war." The imperative of our age is unmistakable; we must either learn how to plan our lives, our national and world affairs, or go down in defeat. But, how are we to learn to become planners? How are we to jump the chasm between our lazy habits of laissez faire and the dynamics required of a technological era?

The "how" of this task is precisely what Karl Mannheim and his associates have undertaken to describe in the new International Library of Sociology and Social Reconstruction. The two volumes being considered here have appeared at the right time and are written in the appropriate mood. The first discusses the principles of planning, and the second consists of case studies in national planning. And, happily, the principles are launched with this pertinent generalization: "No country can live in isolation, and every change in the structure of one country has its inevitable reactions on the rest of the world. Every country has not only a duty towards itself but towards the world. Domestic reconstruction is the fundamental counterpart of international cooperation, and vice versa."

Knowledge of at least four types is required if orderly planning is to succeed: namely, knowledge concerning the proper ends or aims of planning; technical knowledge regarding the means or methods according to which planning is to be performed; knowledge about the various natural, technical, and human resources available; and finally, knowledge which deals with the underlying values which planning is to serve. According to this scheme it appears at once that planning is both a scientific and a philosophical enterprise. When this fact is fully realized, we shall be in a position to introduce appropriate studies in planning in our educational curricula.

In the first volume the authors have carefully presented the chief arguments against planning; but in my opinion they have successfully demolished each argument, and notably that common objection which insists that planning cannot be achieved without abandoning democracy. The chief categories of Volume I, in addition to those matters which have to do with the means and ends of planning, are: the integration of agriculture; the integration of industry and agriculture, or town and country; decentralization and dispersal; the demographic problem, or population. Each of these elements in national life is treated in terms of the fundamental criteria of a planned society.

Volume II, in a sense, is a practical application of the thesis expounded in Volume I. Here are presented illustrations of four varieties of planning — human geography, agriculture, industry, and decentralization—taken from many sections of England, Scotland, and Wales, and expounded by some twenty-odd specialists.

These volumes have encouraged me more than anything I have seen in years, and I feel sure that all of us stand in need of exactly this type of courage as we face the arduous days of peace.

EDUARD C. LINDEMAN
Professor of Social Philosophy
New York School of Social Work
Columbia University

THE MOVED-OUTERS, by Florence Crannell Means. Illustrated by Helen Blair. Houghton Mifflin $2.

CLASSIFIED AS A JUVENILE SUITED TO boys and girls in their teens, this little volume might well be passed on to parents, teachers, judges, and potential juries. For, until indoctrinated by race conscious adults, young people, whether British American, German American, Italian American or Japanese American, are inclined to accept each other as friends.

Emily Andrews and Sumiko Ohara of Cordova, Calif., walk home from high school and into our story "just as they had walked home from kindergarten—together." Sue's mother welcomes them demurely with cookies and is pleased to learn that her son, Kimio, won the afternoon's debate on American patriotism versus internationalism. "When he finished with chunks of the Gettysburg Address," says Sue, "it was all over but the shouting."

A few days later the news of Pearl Harbor comes over the radio. Kim insists, "It must be the Nazis," but his father reminds him sadly that "Japan has changed." The FBI takes the elder Ohara into custody. Kim, Sue, and their mother go to Santa Anita Induction Camp, later to Amache Relocation Center in Arizona, where the father eventually joins them.

Kim, fiercely American, goes temporarily zoot suit when a Jap-hating Arizonian shoots at him and wounds him, but he regains his poise and enlists in the Japanese American Combat Unit for service in the Pacific. Sue teaches kindergarten, falls in love with a young neighbor, wins a scholarship to the University of Denver. We leave the family at the railroad station outside the barbed wire, seeing Sue off to college.

"And now, O world, world, give us just a little chance! Let us be human. Let us prove that we are Americans."

Napa, Calif. ANNE ROLLER ISSLER

AMERICAN EDUCATION UNDER FIRE, by V. T. Thayer. Harper. $2.50.

TWO SHARPLY OPPOSITE THEORIES FACE the nation's educational system today. On the one hand are found those men, loosely labeled traditionalists or even classicists, who would return to a narrow definition of the humanities for their solution of the world's ills. On the other hand are the educators who place their faith in the integrity of the individual, who believes that progress in education is as important as progress in science or engineering.

"American Education Under Fire" challenges the premise of those educators who seek to develop the intellect at the expense of the whole personality. Mincing no words, Dr. Thayer is outspoken in his objection to the philosophy of Robert M. Hutchins, Mortimer Adler, Mark Van Doren, Stringfellow Barr. These leaders in the "classical" school have, in his opinion, a far too narrow interpretation of the content of a democratic education. The classics of Western culture are worth knowing, but, the educational director of the Ethical Culture Schools insists, it is equally necessary for the future voters to become acquainted with the breathtaking problems of a world torn by war and soon to be tried by peace.

Dr. Thayer, unlike the many educational leaders who have adopted a pessimistic attitude as to the future, is not alarmed at recent superficial trends. He says pointedly: "Today democracy competes with totalitarian claims for the loyalties of youth. It is therefore all-important that schools and colleges make explicit the democratic values Americans seek to live by and the ultimate criteria upon which we base the solutions of the problems of our common life."

Significant among these values are an

(All books ordered through Survey Associates, Inc., will be postpaid)

PRODUCED BY UNZ.ORG
ELECTRONIC REPRODUCTION PROHIBITED

NATIONAL COUNCIL OF YOUNG MEN'S CHRISTIAN ASSOCIATIONS

347 Madison Avenue, New York 17, N. Y.

700 LOCAL ASSOCIATIONS conduct health and physical education programs. Equipment operated includes 850 gymnasia; 550 swimming pools; 305 summer and year-round camps; 300 health service sections for limited therapy, under trained operators and medical committees, and hundreds of special exercise and conditioning rooms.

COLLEGE TRAINED PHYSICAL EDUCATORS supervise and conduct programs. Local health and physical education committees, made up of laymen, advise and recommend policies governing program. Similarly, planning is done on the area and state level by lay committees with over-all planning and guidance provided by the National Board's Committee on health and physical education.

PROGRAMS INCLUDE instructional classes in health and physical fitness for many age groups. The National YMCA Aquatic Program emphasizes 51 progressive tests and YMCA Life Saving. An expanded boys' health and fitness program was initiated a year ago. Local Associations have conducted intensive health and fitness institutes, using city-wide committees, representing many different groups.

APPROPRIATE LITERATURE, secured from Association Press, and visual aids secured through the Motion Picture Bureau, provide resources in this field. Approximately seventy million dollars has already been raised for the rehabilitation of present buildings and the provision of new facilities for YMCA programs, with a sizable share of this to be used for YMCA health and recreation equipment and facilities.

NATIONAL COUNCIL OF JEWISH WOMEN

1819 Broadway, New York 23, New York

Health and social welfare program

Sponsors planned parenthood clinics; teen-age canteens; well baby clinics; scholarships.

Assists in campaigns such as tuberculosis control and social hygiene. Cooperates with national organizations serving the handicapped.

Organizes community educational programs including price control and consumer, and orientation programs for families of veterans. Engages in know-your-community projects such as local surveys of health facilities.

Considers social welfare legislation a natural sphere for the social welfare volunteer. Therefore, stimulates study and action on legislation pertaining to such subjects as the consumer, the handicapped, and maternal and child welfare.

CHILD HEALTH

and Character Building Films

Silent and Sound 16 or 8 m.m. Length 400 feet film each subject.

1. **BEFORE THE BABY COMES**
2. **BABY'S FIRST YEAR**
3. **THE CHILD GROWING UP (1 to 6 years)**

Useful to adults, young adults, doctors, dentists, nurses, public health workers, high school, normal school and colleges.

4. **THE LIFE OF A HEALTH CHILD**
5. **THE ROAD TO HEALTH AND HAPPINESS**

For elementary schools, junior and senior high school and lay groups. Educational, Entertaining and Reliable. Prepared in close collaboration with leading health authorities, practitioners, and educators in various parts of the country. Correlates with school courses.

Sale-or-Rent — for Information

HEALTH FILM SERVICE

303-4 First National Bank Building Salem, Oregon

abiding faith in the worth of each individual, a respect for his integrity, and his right to self-development irrespective of the accidents of birth. In other words, education in a democracy teaches that not only are all men created equal, but that they should receive equal opportunity to develop to the fullest extent of their abilities and potentialities. Anything less would make the classroom and campus sterile, insipid places where democratic traditions do not receive more than lip-service.

Dr. Thayer has prepared a book that needed to be written. Like a sudden shower on a hot July midafternoon, it clears the heavy atmosphere and brings with it a breath of fresh air that is a comforting augury of pleasanter days to come.

BENJAMIN FINE

Education Editor, New York Times

PUBLIC HEALTH AND WELFARE ORGANIZATION IN CANADA, by Harry M. Cassidy. Bruce Humphries. $5.

THIS IS A COMPANION VOLUME TO Professor Cassidy's "Social Security and Reconstruction in Canada," published in 1943.

The handicaps of a student of Canadian welfare problems cannot but come to mind when the limited Canadian market, and the consequently serious problem of publishing for it, are realized. These two volumes together cost $8.50, whereas the aggregate number of social workers approximates only 800, with the average salary probably not exceeding $30 a week. Professor Cassidy, his persistence matching his energy, is one of the few persons, familiar with the whole field, who has been able to bring substantial productions actually to publication.

The present volume is really three books in one. The excellent introductory section of 32 pages contains quite the best analytical comparison yet issued of the various projects or proposals put before the Canadian people in welfare planning since Beveridge succeeded beer as the hope of well-being in the British Isles. This and the succinct 14 pages of the concluding chapter, "The Road Forward," justify a reprint in a handbook which could be singularly helpful at this time in Canada's social and probable constitutional adjustments.

The body of the book—408 pages—falls into two segments: "British Columbia," nearly 250 pages, and "East of the Rockies," the remaining 150. It is a bit like dividing the U.S.A.'s welfare services between the Pacific slope and the area east of the Cascades and Sierras. Not even British Columbia's high standard of welfare services of the last decade and a half of development can quite justify such disproportion. British Columbia, the most

PRODUCED BY UNZ.ORG
ELECTRONIC REPRODUCTION PROHIBITED

beautiful and homogeneous and potentially the wealthiest of the Canadian provinces, is not typical of the intricacies of occupational and governmental enactments in the older and diversified Canadian territory east of the Lakehead, nor of the predominantly agrarian and grain economy of the 800 miles of plains and prairies. Over 92 percent of Canada's total population, nearly 93 percent of her gross production, lie "East of the Rockies." Over 70 percent of the latter is in Ontario and Quebec, which have 81 percent of the manufacturing as against British Columbia's 6 to 7 percent.

In the nine tenths of the Dominion's area and people, given only 40 percent of this welfare story, there is a rich and valuable record. There is the gallant story of the struggle of the Atlantic Provinces to maintain the oldest publicly supported welfare provisions in Canada against a declining economy, undermining the living standards of the whole splendid area, settled and held by some of the most wholesome and self-reliant stock of this land. Ontario, pioneer in local government, child protection and over-all welfare standards, and Quebec with its peculiarly indigenous and applicable blending of religious benevolent, private philanthropic and publicly financed welfare provisions, offer colorful faring to the student explorer. Manitoba's standards and services equal British Columbia's, while their development precedes them.

So, the book's imbalance can be held as a fair criticism. It is not, however, one that is irremediable, for the volume should serve for a long time as a source on Canada's welfare services. Subsequent editions are bound to increase in value as some of the recent political story of ephemeral interest in the British Columbia picture makes way for more adequate exposition and portrayal of the problems, systems, and contributions of the other provinces as Professor Cassidy becomes better acquainted with them.

Ottawa, Canada CHARLOTTE WHITTON

EXPERIMENTAL SOCIOLOGY: A STUDY IN METHOD, by Ernest Greenwood. King's Crown Press. $2.25.

IN AN AGE WHEN SCIENCE IS REPLACING the animistic and common sense modes of getting "knowledge" to guide conduct and thus foster wisdom, it is inevitable that many should cry "Lord! Lord!" and that all who call will not be found worthy to enter into the sanctum of science. One of the most powerful incantations of the scientific ritual is "experiment" and its derivatives.

Professor Greenwood recorded over a hundred statements "of what a sociological experiment is, can, or should be." These he reduced to five core definitions: pure,

Outstanding
PUBLIC AFFAIRS PAMPHLETS
ON HEALTH

No. 27 WHO CAN AFFORD HEALTH?
by Beulah Amidon
Is good health too costly?

No. 38 THE FIGHT ON CANCER
by Clarence C. Little
What you should know about cancer.

No. 65 PROSTITUTION AND THE WAR
by Philip S. Broughton
National program to check prostitution.

No. 69 VITAMINS FOR HEALTH
by Henry Borsook and William Huse
Vitamins in food, and at drugstores.

No. 80 FREEDOM FROM WANT: A WORLD GOAL
by Elizabeth Hoyt
New world standards.

No. 82 THE KITCHEN IN WAR PRODUCTION
by Helen Hill
Housewife's war job—food, rationing.

No. 89 HAVE WE FOOD ENOUGH FOR ALL?
by F. F. Hill and F. A. Harper
The strategy of food in war and peace.

No. 98 EPILEPSY—THE GHOST IS OUT OF THE CLOSET
by Herbert Yahraes
Daylight on a "dread" disease.

No. 101 THE STORY OF BLUE CROSS
by Louis H. Pink
On the road to better health.

No. 104 HEALTH CARE FOR THE AMERICAN PEOPLE
by C.-E. A. Winslow
Principles of a nation-wide health program.

No. 106 STRAIGHT TALK FOR DISABLED VETERANS
by Edna Yost, with Dr. Lillian M. Gilbreth
Ways to build normal lives.

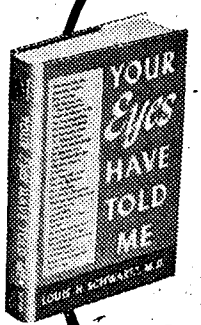
Only 10c each. Write for quantity rates and complete list of Public Affairs Pamphlets, to:

PUBLIC AFFAIRS COMMITTEE, INC.
30 ROCKEFELLER PLAZA NEW YORK 20, N. Y.

(In answering advertisements please mention SURVEY MIDMONTHLY*)*

PRODUCED BY UNZ.ORG
ELECTRONIC REPRODUCTION PROHIBITED

What Do
YOUR EYES
Reveal About Your Health?



This book proves that your eyes are surprisingly accurate barometers of your general health — that eye examination may save you hours of suffering, hundreds of dollars in medical expense. It's the first book for the layman unveiling vital facts unknown to most of us — fascinating and necessary reading.

YOUR EYES HAVE TOLD ME
by LOUIS H. SCHWARTZ, M.D.

℞ *"The head of each family should read this book."*
—New York Medicine

Illustrated in color
$2.75

At All Bookstores

E. P. DUTTON & CO. - NEW YORK 10, N. Y.

TRIAL OFFER

SIX MONTHS OF SURVEY MIDMONTHLY FOR $1

Regularly $3 a year—Offer limited to new readers.

Clip this advertisement and mail with one dollar to

SURVEY MIDMONTHLY, 112 East 19 Street, New York 3, N. Y.

uncontrolled, *ex post facto,* trial and error, and controlled observational. The second and third he rightly rejects as not being experimental in any reasonable sense of the term. The fifth is somewhat experimental but actually is a form of scientific observation aided by instruments.

He defines an experiment as "the test of a causal hypothesis by means of a controlled contrasting set-up." The two forms of experiment to which he devotes most attention are the pure and *ex post facto*. The first is the one usually associated with laboratory research: all factors are selected, controlled, and manipulated by the experimenter according to a previously formulated plan.

In the second, the experimenter observes occurring or occurred events, controls them by selective symbolization, and tests his hypothesis by manipulating these symbols according to tested methods, chiefly logical and mathematical. The remainder of the book describes the methods and difficulties involved in the use of this type of experiment. This is the type upon which all social scientists must rely to a considerable extent, since the use of the pure type is limited by logical, psychological, and ethical considerations which the author ably discusses.

Mr. Greenwood would have made his thesis more convincing if he had written a chapter to show that all the objections to the pure experiment in the social sciences are equally applicable, though perhaps in different degrees, to the physical and biological sciences and that, historically, these sciences have depended largely upon *ex post facto* research, and still do. He also should have made it clear that the triumphs of the physical-biological sciences have come largely from dealing with simple systems and minute specific problems—the so-called "atomistic research" which disturbs so many social scientists who like to deal with large, general, inclusive, world-shaking concepts.

If every book has to have its heroes, the heroes of this book are Chapin, Lazarsfeld, and Mill, with perhaps R. A. Fisher as a runner-up—and right good heroes they are. Chapin's "projected and *ex post facto* experiments" may in time replace Mill's "artificial" and "natural" experiments. I suspect Chapin's "Design for Social Experiments" will become a methodological classic. Mr. Greenwood's book is largely a critique of this concept, though it is considerably more than that. It is a competent and rewarding discussion of method in social research and should become a useful and permanent addition to the literature in this field.

READ BAIN

Miami University, Oxford, Ohio

THE CHURCH AND THE RETURNING SOLDIER; by Roy A. Burkhart. Harper. $2.

THE "PIÈCE DE RESISTANCE" OF "THE Church and the Returning Soldier," is its last quarter where it challenges the modern church to make its program attractive and vital. It maintains the thesis that except this be done, the church can ill afford to expect that it can lay claim to the loyalty of the returning serviceman.

A description of some programs which have worked and ideas which have proved practical for some churches are also included. From these brief and good suggestions, local church planners can find inspiration for their own programs. That is, they can, if they will.

Another section of the book deals briefly with the returning man himself, giving a quick glimpse of his attitudes, interests, and problems.

The remainder of the book is devoted to the thesis that the church is already at work in a limited number of instances in making its contact with and meeting the problems of the returning soldier.

The book has its strengths and its weaknesses. It is strong in its presentation of the challenge which the church must face. It is weak in the limited number of suggestions it makes as to how that challenge can be met. It leaves much ground untouched in the area of the attitudes of the returning men. However, no person can read the book without ending up with the definite conviction that if the church wishes to have the allegiance of the returning serviceman, it must have something worthwhile to offer him. The book can be very valuable if it succeeds in convincing enough people of that one fact.

REV. JAMES C. FLINT

Director, Congregational Christian Service Committee

Council for Social Action

PRODUCED BY UNZ.ORG
ELECTRONIC REPRODUCTION PROHIBITED

Two new books in the public health field . . .

PUBLIC MEDICAL CARE

Franz Goldmann, M.D.

The first attempt ever made to give a composite picture of public medical care as a social movement.

"Dr. Goldmann writes clearly and out of a thorough knowledge of his subject. . . . His book represents an important contribution to sounder thinking and doing with regard to public medical care. The general public, whose care is in question, should be fully aware of the facts contained in this authoritative book."—*New York Times.*

"Excellent analysis, interpretation and appraisal. . .Interesting, readable, and highly recommended." — *Library Journal.* $2.75

RADIO *in* HEALTH EDUCATION

Prepared under the Auspices of the New York Academy of Medicine.

A basic and critical evaluation of objectives and techniques in radio health education. First in a new series —Frontiers in Public Health Education— it is addressed to health educators, social workers, radio personnel, and health organizations. $1.60

COLUMBIA UNIVERSITY PRESS
2960 BROADWAY
NEW YORK 27, N. Y.

NEED FOR TEAMWORK

(Continued from page 268)

it is safe to say that they would not recommend the disjointed set-up that we have today. Almost certainly they would propose one strong centralized national organization concerned first with the broad health program for the nation and its citizens. Such an agency would have competently directed subdivisions, each with its committees and staff to carry on the present kind of organized attack on special diseases and special problems. It would be financed through a single campaign, perhaps in conjunction with the community chest campaigns—in the same manner as the National War Fund—with funds allotted to divisions of work in accordance with the need. It would be so organized as to eliminate the many present duplications in health education, in field services, and in other activities.

State health agencies and local health agencies would be similarly organized; the local affiliated with the state society and the state society with the national, so that a degree of unity and centralized planning would carry through the whole structure.

The national voluntary agency, the state, and the local would cooperate closely with the official departments and the professions of nursing, dentistry, and medicine, and groups in allied fields. All would work together with a common purpose to promote the highest possible standard of health for all of our people.

The obstacles to such complete reorganization of voluntary effort are admittedly great. At the national level, for the near future, they appear insurmountable.

The Case for Unity

But the case for consolidated unity is so strong in terms of economy, efficiency, and sound planning that it argues for experiments with a single centralized health organization in some localities and in some states. We should find out by actual experience what the practical difficulties are, and whether or not a unified type of agency can be made to work.

The National Health Council should take the leadership in furthering these experiments. It should seek the cooperation of national, state, and local voluntary organizations and official agencies to this end. Two local demonstrations, one in a large and one in a small community, and one state demonstration are suggested. To be effective, they will need to be carefully planned with the advice of the best qualified people, and they should not be

(Continued on page 280)

NATIONAL HEALTH AGENCIES

By Dr. Harold M. Cavins

Here at long last is a guide to the following organizations:

American Association for Health, Physical Education, and Recreation
American Association for Social Security
American Association for the Advancement of Science
American Asociation of Medical Social Workers
American Associaiton of Psychiatric Social Workers
American Association of the History of Medicine
American Association on Mental Deficiency
American Branch of the International League Against Epilepsy
American Cancer Society
American Child Health Association
American College of Physicians
American College of Surgeons
American Committee on Maternal Welfare
American Dental Association
American Diabetes Association
American Epilepsy League
American Eugenics Society
American Foundation for Mental Hygiene
American Foundation for the Blind
American Genetic Association
American Heart Association
American Hospital Association
American Industrial Hygiene Association
American Medical Association
American Medical Women's Association
American Nurses' Association
American Optometric Association
American Orthopsychiatric Association
American Psychiatric Association
American Public Health Association
American Public Welfare Association
American Red Cross
American School Health Association
American School Hygiene Association
American Social Hygiene Association
American Society for the Hard of Hearing
American Student Health Association
American Trudeau Society
American Veterinary Medical Association
Association of American Physicians
Association of Military Surgeons of the U. S.
Birthright, Inc.
Committee for the Study of Suicide
Commonwealth Fund
Conference of State and Provincial Health Authorities of North America
Edward L. Trudeau Foundation
Georgia Warm Springs Foundation
Group Health Federation of America
Health and Medical Commitee, Federal Security Agency
Human Betterment Foundation
Institute for the Crippled and Disabled
Joint Committee on Health Problems in Education of the National Education Association and the American Medical Association
Julius Rosenwald Fund
Leonard Wood Memorial (American Leprosy Foundation)
Maternity Center Association
Milbank Memorial Fund
National Cancer Institute
National Committee for Mental Hygiene
National Committee of Health Council Executives
National Conference of Tuberculosis Secretaries
National Congress of Parents and Teachers
National Conservation Bureau
National Foundation for Infantile Paralysis
National Health Council
National League of Nursing Education
National Maternal and Child Health Council
National Medical Association
National Medical Council on Birth Control
National Negro Health Movement
National Organization for Public Health Nursing
National Recreation Association
National Safety Council
National Society for Crippled Children of the U.S.
National Society for the Prevention of Blindness
National Tuberculosis Association
Planned Parenthood Federation of America
Rockefeller Foundation
Southern Medical Association
United States Children's Bureau
United States Food and Drug Administration
United States Public Health Service
W. K. Kellogg Foundation

"The book constitutes one of the best references thus far available in the field it concerns."—*Journal of the American Medical Association.*

* * *

"It is not only public health workers and others with an interest in social welfare who are indebted to Dr. Cavins. Here is a record which future historians will appreciate."—*Dr. Reginald M. Atwater, Executive Secretary, American Public Health Association.*

251 Pages $3 Per Copy

AMERICAN COUNCIL ON PUBLIC AFFAIRS
2153 Florida Ave., Washington, D. C.

PRODUCED BY UNZ.ORG
ELECTRONIC REPRODUCTION PROHIBITED

JOBS
for the
Physically Handicapped
by Louise Neuschutz
With a Foreword by
Wm. Rush Dunton, Jr., M.D.

A book with a double purpose: Presents opportunities available to handicapped civilians; offers war-wounded the hope and means of rehabilitation for a happy and useful life. Contains exhaustive list of vocations open, with detailed information on training, related reading, and the methods of starting and working in various fields. Authoritative and practical book, approved by National Rehabilitation Association, American Occupational Therapy Association, and government agencies. $3.00.

Listed by A.L.A. Booklist.

BERNARD ACKERMAN, Inc.
116 East 19th St. New York 3, N. Y.

SOCIAL SERVICES IN THE U. S. S. R.
A Seminar for Professionals and Students.

12 weekly lectures, beginning Monday, October 15th, 5:45 to 7:15 p.m. Fee: $15.00

AMERICAN RUSSIAN INSTITUTE
58 Park Avenue, New York 16, N. Y.
LExington 2-5472
Registrations now being accepted

Current research
Current experience
Current opinion

HEALTH INSTRUCTION YEARBOOK 1945
OLIVER E. BYRD
School of Health
Stanford University

An annual publication. The outstanding articles of the field of health that appeared during the past year, summarized and brought together in readily available form for text or reference use. $3.00

Write for descriptive literature on Byrd Health Attitude Scale and other Stanford health publications.

STANFORD UNIVERSITY PRESS
Stanford University, California

undertaken until funds have been secured for a three-year period. If this can be done, it will furnish a valuable guide as to what is practical in the direction of combined operations in the years ahead.

The voluntary health movement in the United States has a notable history of past achievement. It can have an equally fine record in the future if it sets its house in order, views the problem in the large, prepares itself for rapidly changing conditions, and organizes to do an efficient, economical, and comprehensive job. The time to begin charting the course is now.

CHALLENGE TO ACTION
(Continued from page 257)

the health movement, including George E. Vincent of the Rockefeller Foundation, Lee K. Frankel of the Metropolitan Life Insurance Company, and Livingston Farrand of the American Red Cross, launched the National Health Council. Ten national organizations joined the council. Several of the foundations agreed to contribute generously for its support over a period of years. A qualified public health administrator became the executive director, and a branch office was opened in Washington with a representative who followed national legislation and studied the diversified aspects of public health in the national government. This was hailed as a strong forward step in the development of the voluntary health movement.

National Unity

The immediate goals envisioned by the founders of the council were indeed modest. They hoped that by being housed under one roof in New York City, the member societies would get better acquainted, discover the similarities of their problems, and find opportunities for common planning. Joint services were set up, and it was expected that certain economies would follow. But there was also in the minds of the leaders the hope that these steps would lead to a closer coordination of national health work, toward a consolidation of some of the agencies, and even toward a unified financial appeal.

I regret to say that the National Health Council has not measured up to the high hopes of its founders. Many joint undertakings have been developed; but of these, all that has remained is a common service of a mechanical and clerical nature, which expedites the operations of the constituent societies. The several attempts to bring about unity of planning, of joint programming, and of united field operations, were one after

"A significant contribution to our understanding of the problem and its treatment."
—*Chicago Sun Book Week.*

MARRIAGE IN WAR and PEACE

By Grace Sloan Overton

A FRANK SURVEY of the whole question of marriage and crisis in American family life today, its wartime problems, enforced separations, and readjustments. A consultant on college campuses and a member of the World's Youth Commission, etc., Grace Sloan Overton presents a picture of young America, telling how they are reacting to circumstances with which they must deal and why. She faces squarely such problems as:

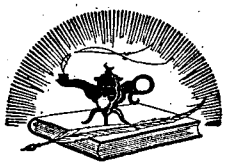
- How can we aid the personality chaos of postwar America?
- Will the rush to the divorce courts stagger the nation when millions in service return to civil life?
- Must we re-think our marriage pattern?
- What is the place of the war-widow in the postwar world?
- How will we deal with mixed marriages and different cultural backgrounds?

MARRIAGE IN WAR AND PEACE analyzes motives and offers practical help to counselors, social workers, pastors, and parents.

$1.75
at all bookstores

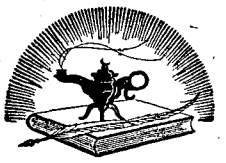
ABINGDON-COKESBURY PRESS

PRODUCED BY UNZ.ORG
ELECTRONIC REPRODUCTION PROHIBITED



BOOKLETS PAMPHLETS PERIODICALS

Of interest and service to readers thinking about the social problems of today—the public health, education, housing, industrial and labor relations, government, racial and foreign relations.



FROM THE WOMAN'S PRESS

AT HOME WITH PEOPLE

Edited by Elsie F. Moller 25 cents

Ways of banishing prejudices. Program suggestions and devices for use with teen-agers.

JEWISH HOLIDAYS

Elsie F. Moller 15 cents

Do you know them? Jewish festival observances suggested as a basis for group activities.

THE WOMAN'S PRESS

600 Lexington Avenue
New York 22, N. Y.

In Advising Future Parents Use These Popular Pamphlets

"Planning To Have A Baby?", facts on childbirth, child spacing, infertility and abortion, including entertaining quizes. 24pp; illus. 10c ea. $8.00 per 100.

"The Soldier Takes A Wife," strictly GI guide to marriage and parenthood. Recommended by medical officers and chaplains. 24pp; illus. 10c ea. $7.00 per 100.

Write for sample copies

Planned Parenthood Federation of America

501 Madison Ave. — New York 22, N. Y.

GIRL SCOUTS ALL:

LEADER'S GUIDE FOR WORKING WITH THE HANDICAPPED.

28 Pages. Illustrated 1945

This interesting and informative pamphlet describes the many opportunities and advantages of membership in the Girl Scouts for handicapped girls. The program of activities for those handicapped by blindness, crippling conditions, heart disease, tuberculosis, deafness and diabetes is described. This booklet should be of special interest to school nurses, public health nurses, and to others working with handicapped girls.

Limited number of copies free on request.

GIRL SCOUTS

155 East 44th Street New York 17, N. Y.

We can supply Any Book on Health or kindred subject.

Orders and Inquiries Invited
Send for FREE 7-page list of Health Books

American Library Service

117 W. 48th Street New York

P.S.—Also ask us for out-of-print books on all subjects and in all languages.

ASSOCIATION FOR FAMILY LIVING, THE Resource education for child guidance, marriage and family relations. Speakers, counseling, library and new materials in youth and parent education.
209 S. State St., Chicago 4

Now Is the Time

To Buy

That Extra Bond

another discontinued either because of lack of financial support, inadequacy of professional leadership, or because of other difficulties inherent in a restricted venture of this kind. Some of the members have persistently refused to delegate power to the national organization.

Today, the leaders of the health movement are very conscious of this failure. They are prepared to rectify it for, since the completion of the Gunn-Platt study, the member agencies have agreed that the council must be strengthened. A national committee is being appointed, with strong civic leadership, to canvass the current situation and present a program which may stimulate and give direction to the voluntary health movement.

Immediately, the plan calls for adequate and continuous support; for the highest type of executive direction and a professional staff which will assist local health societies in bringing about better organization and coordination. In addition, the plan empowers the council to explore the possibility of developing under its own auspices a united national program of popular health education.

In this revitalization of the National Health Council lies much of the hope that the voluntary health movement may be so effectively coordinated that the American people will respond to its whole program with new enthusiasm.

Joint Financing

Finally, ways must be found to support the health program, national as well as local, without exposing the public to the present competition and duplication of appeals for funds. Experience during the war period has shown us how readily and how generously the American people will support the needs of all welfare agencies, if they are presented in a single unified appeal. We must in particular salvage for peace the machinery of the National War Fund and of its chest affiliates. Through a national campaign following this general pattern, the American people would, I believe, gladly support any substantial block of health agencies that would combine for this purpose.

At the outset, the inclusion of those organizations which have developed effective financial devices of their own, might not be wise or practical. But for the remainder, substantial savings would undoubtedly result, and the public at large would thoroughly appreciate relief from multiple appeals for funds. Before too long, a single, well-sponsored drive should bring increasing support, sufficient to guarantee an effective administration of health work not only local but statewide and national. It is not too much to hope that as the wisdom of working in close coordination is demonstrated, the National Tuberculosis Association, the National Foundation for Infantile Paralysis, and perhaps even the American Red Cross, will combine forces with the rest to serve as one united effort, reaching out to every corner of our country.

The voluntary health agencies of the country are at the crossroads. They have grown rapidly in number and resources. They must now give increasing thought to their effectiveness. With peace returned, the time has come when they must reorganize for the tasks that lie ahead. From now on, a more critical public will demand that its funds be used wisely and economically; that the efforts be directed by skilled hands; and that there be team play among all voluntary societies and with official agencies.

The keynote will be united planning. That the challenge will be met, I have no doubt. As in the past, we may confidently expect that the voluntary health movement will find ways to adapt itself to new conditions, and by continued pioneering, and stimulating along new paths, still serve as the coordinating force in this essential activity in our American life.

PRODUCED BY UNZ.ORG
ELECTRONIC REPRODUCTION PROHIBITED

THE AMERICAN ASSOCIATION OF SCHOOLS OF SOCIAL WORK

accredits the following institutions offering graduate professional study. A two-year course leads to a Master's Degree. Schools marked with * offer a standard one-year curriculum. Inquiries may be addressed to individual schools or for general information write to Miss Leona Massoth, Executive Secretary, American Association of Schools of Social Work, 1313 East 60th Street, Chicago 37, Illinois.

ATLANTA UNIVERSITY SCHOOL OF SOCIAL WORK
247 Henry St., S.W., Atlanta, Ga.

BOSTON COLLEGE SCHOOL OF SOCIAL WORK
126 Newbury Street, Boston 16, Mass.

BOSTON UNIVERSITY SCHOOL OF SOCIAL WORK
84 Exeter St., Boston 16, Mass.

BRYN MAWR COLLEGE, Bryn Mawr, Pa.
Carola Woerishoffer Graduate Dept. of Social Economy and Social Research

UNIVERSITY OF BRITISH COLUMBIA
Department of Social Work, Vancouver, British Columbia, Canada

UNIVERSITY OF BUFFALO SCHOOL OF SOCIAL WORK
25 Niagara Square, Buffalo 2, New York

UNIVERSITY OF CALIFORNIA, Berkeley 4, Calif.
Social of Social Welfare

CARNEGIE INSTITUTE OF TECHNOLOGY
Department of Social Work, Pittsburgh 13, Pa.

CATHOLIC UNIVERSITY OF AMERICA
School of Social Work, Washington 17, D. C.

UNIVERSITY OF CHICAGO, Chicago 37, Ill.
School of Social Service Administration

UNIVERSITY OF DENVER, Denver 10, Colorado
School of Social Work

FORDHAM UNIVERSITY SCHOOL OF SOCIAL SERVICE
134 East 39th Street, New York 16, N. Y.

*THE SCHOOL OF SOCIAL WORK OF THE UNIVERSITY OF HAWAII, Honolulu 10, Hawaii

*HOWARD UNIVERSITY, Washington 1, D. C.
Graduate Division of Social Work

INDIANA UNIVERSITY, Indianapolis 4, Indiana
Division of Social Service

*LOUISIANA STATE UNIVERSITY, Baton Rouge 3, La.
School of Social Welfare

THE RAYMOND A. KENT SCHOOL OF SOCIAL WORK
UNIVERSITY OF LOUISVILLE, Louisville 8, Ky.

LOYOLA UNIVERSITY SCHOOL OF SOCIAL WORK
28 North Franklin Street, Chicago 6, Ill.

UNIVERSITY OF MICHIGAN, Curriculum in Social Work, 60 Farnsworth Ave., Detroit 2, Michigan

UNIVERSITY OF MINNESOTA, Minneapolis 14, Minn.
School of Social Work

THE MONTREAL SCHOOL OF SOCIAL WORK
3600 University St., Montreal, Canada

NASHVILLE SCHOOL OF SOCIAL WORK
Nashville 4, Tenn.

NATIONAL CATHOLIC SCHOOL OF SOCIAL SERVICE
2400 19th Street, N.W., Washington 9, D. C.

UNIVERSITY OF NEBRASKA, Lincoln 8, Neb.
Graduate School of Social Work

THE NEW YORK SCHOOL OF SOCIAL WORK
of Columbia University
122 East 22nd Street, New York 10, N. Y.

UNIVERSITY OF NORTH CAROLINA, Division of Public Welfare and Social Work, Chapel Hill, N. C.

OHIO STATE UNIVERSITY, Columbus 10, Ohio
School of Social Administration

*UNIVERSITY OF OKLAHOMA, Norman, Oklahoma
School of Social Work

*OUR LADY OF THE LAKE COLLEGE, Graduate School of Social Service, San Antonio 7, Texas

UNIVERSITY OF PENNSYLVANIA, Philadelphia 3, Pa.
Pennsylvania School of Social Work

UNIVERSITY OF PITTSBURGH, Pittsburgh 13, Pa.
School of Applied Social Sciences

SCHOOL OF SOCIAL SERVICE
SAINT LOUIS UNIVERSITY, St. Louis 3, Mo.

SIMMONS COLLEGE SCHOOL OF SOCIAL WORK
51 Commonwealth Ave., Boston 16, Mass.

SMITH COLLEGE SCHOOL FOR SOCIAL WORK
Northampton, Massachusetts

UNIVERSITY OF SOUTHERN CALIFORNIA, Los Angeles 7
Graduate School of Social Work

UNIVERSITY OF TORONTO, Toronto 5, Canada
School of Social Work

TULANE UNIVERSITY, New Orleans 15, Louisiana
School of Social Work

*UNIVERSITY OF UTAH, SCHOOL OF SOCIAL WORK
Salt Lake City, Utah

*STATE COLLEGE OF WASHINGTON, Pullman, Wash.
Graduate School of Social Work

UNIVERSITY OF WASHINGTON, Seattle 5, Wash.
Graduate School of Social Work

WASHINGTON UNIVERSITY, St. Louis 5, Missouri
The George Warren Brown School of Social Work

KANSAS CITY BRANCH, The George Warren Brown School of Social Work, 5228 Charlotte St., Kansas City, Mo.

WAYNE UNIVERSITY, Detroit 2, Michigan
School of Public Affairs and Social Work

WESTERN RESERVE UNIVERSITY, Cleveland 6, Ohio
School of Applied Social Sciences

*WEST VIRGINIA UNIVERSITY, Morgantown, W. Va.
Department of Social Work

COLLEGE OF WILLIAM AND MARY, Richmond 20, Va.
Richmond School of Social Work

PRODUCED BY UNZ.ORG
ELECTRONIC REPRODUCTION PROHIBITED

The University of Chicago

School of Social Service Administration

ACADEMIC YEAR 1945-46

Autumn Quarter begins October 2, 1945

Winter Quarter begins January 2, 1946

Spring Quarter begins March 25, 1946

SUMMER QUARTER, 1946

(Dates to be announced later)

ANNOUNCEMENTS

Giving complete program and requirements for admission will be sent on request.

SMITH COLLEGE SCHOOL FOR SOCIAL WORK

A Graduate Professional School Offering a Program of Social Work Education Leading to the Degree of Master of Social Science.

Academic Year Opens Late June, 1946

The course provides two years of academic credits including theory, field practice in selected social agencies, and the writing of a thesis.
The urgent demand for qualified social workers in civilian and war-related social agencies offers a wide variety of opportunities for graduates.

SMITH COLLEGE STUDIES IN SOCIAL WORK
Contents for September, 1945

Racial Attitudes of Negro Clients — *Olga Verin*

The Relative Amenability of Dull and Bright Children to Child Guidance Treatment — *Jean M. Cooley*

Treatability of Children of Alcoholic Parents — *Marcia Holden*

Some Differences between Neurotic Delinquents and Other Neurotic Children — *Margery Stern*

For further information write to

THE DIRECTOR COLLEGE HALL 8
Northampton, Massachusetts

BRYN MAWR COLLEGE

Carola Woerishoffer Graduate Department of Social Economy and Social Research

Bryn Mawr, Pa.

Member, American Association of Schools of Social Work

Professional Education in social case work, medical social work, child welfare, social welfare planning, international relief administration, social and industrial research, administration of public and private social agencies; also graduate study in sociology and the social sciences. Degrees awarded: Ph.D. and M.A. in Social Economy and Sociology.

Apply to Secretary, Department of Social Economy

GEORGE PEABODY COLLEGE FOR TEACHERS

PUBLIC HEALTH NURSING

Certificate and Degree Programs

Professional Preparation in Health and Nursing Education for School, Rural, and Urban Public Health work. Students admitted quarterly.

WINTER QUARTER—Registration Day—Jan. 2, 1946

For Information and Bulletin address
Division of Nursing Education
GEORGE PEABODY COLLEGE FOR TEACHERS
Nashville 4 Tennessee

UNIVERSITY OF LOUISVILLE KENT SCHOOL OF SOCIAL WORK

• • •

One- and Two-Year Graduate Programs
Leading to the Certificate
and Master of Science in Social Work

For further information apply to:

The Dean,
RAYMOND A. KENT SCHOOL OF SOCIAL WORK
University of Louisville
Louisville 8, Ky.

SCHOOL OF NURSING of Yale University

A Profession for the College Woman

An intensive and basic experience in the various branches of nursing is offered during the thirty months' course which leads to the degree of

MASTER OF NURSING

A Bachelor's degree in arts, science or philosophy from a college of approved standing is required for admission.

For Catalogue and Information address:

The Dean, YALE SCHOOL OF NURSING
New Haven, Connecticut

SAVE WASTE FAT
SAVE WASTE PAPER
BUY VICTORY BONDS

(In answering advertisements please mention SURVEY MIDMONTHLY*)*

PRODUCED BY UNZ.ORG
ELECTRONIC REPRODUCTION PROHIBITED

PAMPHLETS & PERIODICALS

THE AMERICAN JOURNAL OF NURSING shows the part which professional nurses take in the betterment of the world. Put it in your library. $3.00 a year. 1790 Broadway at 58 St., New York 19, N. Y.

PROFESSIONAL SERVICES

SPECIAL ARTICLES, THESES, SPEECHES, PAPERS. Research, revision, bibliographies, etc. Over twenty years' experience serving busy professional persons. Prompt service extended. AUTHORS RESEARCH BUREAU, 516 Fifth Avenue, New York, N. Y.

ORIGINAL SERMONS, SPEECHES, LECTURES, Club Papers, professionally prepared. Criticism, rewriting, plotting, ghostwriting of book-length manuscripts, short-stories, feature articles. Testimonials galore. Printed Lectures, Sermons and Outlines also furnished. FREE Circular. Dept. "S," Continental Writers' & Speakers' Bureau, 210 Fifth Ave., New York, N. Y.

INSTITUTIONAL TRADE

SEEMAN BROS., INC., Groceries. Hudson and North Moore Streets, New York.

SITUATIONS WANTED

SOCIAL WORKER—Male, age 38—considering change—M.S.S.W. from recognized school of social work—member of A.A.S.W. Ten years' experience in public and private agencies. Last five years in Children's agencies. Some supervisory experience. Interested in agency in Eastern part of country offering opportunity for community organization. 8228 Survey.

AVAILABLE—Columbia, M.A., man, 30, experienced Case Work Supervisor in physically handicapped, vocational rehabilitation, psychological counseling, placement, etc. 8231 Survey.

SUPERINTENDENT, institution, or agency. Man, now (10 years) administration large public child care program, 10 years private social agency of exceptional standards. Academic background in psychiatric social work. Special interest in modern standards institutional care, adoption, guardianship, foster care. Religion—Catholic. $4,600 to $5,000 or maintenance equivalent. 8211 Survey.

SUPERVISOR-WORKER, trained, experienced, skilled in simplifying case work, would help establish effective family program, not encroaching other community agencies. Executive experience but may consider special load or Intake service with some supervision. 8200 Survey.

EXECUTIVE with wide experience in the Recreational and Institutional field, desires connection with a children's organization. Can only consider work in New York City or within commuting distance. Am also experienced in fund-raising. 8203 Survey.

ASSISTANT DIRECTOR, male, now employed in Orphanage, considering change. Many years' wide experience administration and child program management, social planning. Excellent references, will travel. 8237 Survey.

WORKERS WANTED

CASE WORKER for Private Agency, suburb of Chicago. Excellent opportunity. Good Salary. Educational possibilities. Lutheran Child Welfare Association, Addison, Illinois.

QUALIFIED CASE WORKERS with or without experience for day nursery and family work. Forty-five minutes from New York City. Prevailing salaries. Psychiatric consultation service. The Bureau of Family Service, 439 Main Street, Orange, N. J.

EXECUTIVE WANTED: Jewish Welfare Agency, New York City, staff 26; specializing in international case work and immigration. Woman preferred. Salary in accordance with qualifications. 8234 Survey.

WANTED: General Secretary for Family Agency in northern Pennsylvania Community. Training and experience required. 8239 Survey.

EXPERIENCED PROGRAM DIRECTOR for Adult Activities in association developing new and different adult program. Challenging job, interesting colleagues, salary $2000.00-$2500.00, depending on qualifications. Write Executive Director, Y.W.C.A., Ninth & High Streets, Des Moines 9, Iowa.

WORKERS WANTED

HEAD CASEWORK SUPERVISOR, man or woman, professionally trained and experienced for agency working with the armed forces, ex-servicemen, and their dependents. Community served has population of 185,000. Salary commensurate with qualifications. Give full details. Apply Home Service, Springfield Chapter, American Red Cross, 31 Elm Street, Springfield, Mass.

INSTITUTIONAL MANAGER, to direct a cottage plan institution for 175 Protestant white children, age 6 to 18. Institution is part of a child placing agency with a large boarding home program. Complete case work service is offered to all children. Agency is over eighty years old but has a modern, progressive program. Location is in a large midwestern city. Institution is located about eight miles from the center of the city. Applicant should state training, experience and give full qualifications. 8223 Survey.

WANTED: Case Worker for Private Agency in a Mid West town of fifty thousand. Challenging opportunity. Adequate salary. 8207 Survey.

CATHOLIC Family and Child Care Casework Agency needs graduate social worker. Opportunity for advancement. Good salary, according to training and experience. Catholic Charities, 418 N. Twenty-Fifth St., Omaha, Nebraska.

DIRECTOR: To administer two camps, high school and employed girls; to work on enriching group and camp experience. Year-round position, immediate opening. State training, experience, references. Address Executive Director Y. W. C. A., Pittsburgh 13, Pa.

SUPERVISOR, professionally trained and experienced, to have charge of a family service department in multiple service Jewish case work agency. Responsibilities include supervision of workers and students, administration of unit and community committee work. Salary range $2700 to $3800. 8215 Survey.

CASE WORKERS. Two professionally qualified, by Jewish Family and Children's Agency offering good supervision and special interest assignments. Classifications Case Worker I and Case Worker II provide excellent salary range. 8210 Survey.

MANAGING EDITOR. Distinguished magazine specializing in social-economic articles. 8236 Survey.

COUPLE, assist with children, do housekeeping (not cooking) and maintenance work in new nonsectarian small psychiatric study home for preadolescents. Middle West. 8235 Survey.

PSYCHIATRIC CASE WORKER in a small child guidance agency within the metropolitan area of New York. Opportunity for intensive psychotherapeutic work with children under direction of an outstanding nationally known psychiatrist. Apply Jewish Child Guidance Bureau, 682 High Street, Newark, N. J.

COUNSELOR as Unit Director in Co-educational so-called "progressive" camp, Summer 1946. Man who wants to learn and train, as well as teach and train. Camp Ironwood Community, 5521 Cates Avenue, St. Louis 12, Mo.

NATIONAL JEWISH WOMEN'S ORGANIZATION requires workers for overseas service. Must be graduate of professional school with experience in family or child care work. Community experience desirable. Age 25 to 45. Must be physically fit. 8229 Survey.

CHILD WELFARE Case Worker with training and experience, who meets qualifications of North Carolina Merit System. Address Superintendent of Public Welfare, Box 999, Winston-Salem, N. C.

MALE CASE WORKER, brief professional experience delinquent boys, seeks post where lengthy newspaper publicity background can help offset inexperience. 8230 Survey.

WANTED: COTTAGE MASTER in Boys School in New England. Delinquents 7-16 years. References. 8232 Survey.

GENERAL SECRETARY, with executive experience, for well established agency in progressive city of 200,000 in Western state. Recent training and some supervisory experience with caseworkers desirable. Salary $3000 to $4500 depending on qualifications. 8233 Survey.

RATES

Classified Advertising

Display	35c per line
Non-display	8c per word
Minimum Charge	$1.50 per insertion
Discounts	10% on six insertions

CASH WITH ORDER

Survey Midmonthly
112 E. 19th Street New York 3

Directory of Social Organizations (cont.)

Health

NATIONAL JEWISH HOSPITAL AT DENVER, 3800 East Colfax Ave., Denver, Colorado. Samuel Schaefer, Executive Director, Chas. J. Kaufman, M.D., Medical Director. Free, nonsectarian for needy tuberculous adults and children. (Kosher dietary.) Maintains children's service. Medical, educational, vocational, occupational, psychological, psychiatric and social services. H. J. Corper, M.D., Research Director. Mrs. Ruth Axelrad, director of Social Service and Vocational Therapy. New York area: 19 West 44th St., Herman Sanders, director; applications to Mrs. Erna L. Lindenbaum, director of Social Service. Philadelphia area: 1831 Chestnut St., Harold Greenspun, director. Chicago area: 30 North La Salle St. Other applications through local Jewish Federation and Welfare Funds or direct to Hospital.

NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING—1790 Broadway, at 58th St., New York. Ruth Houlton, R.N., Gen. Dir. Advisory Service, statistics, monthly magazine, *PUBLIC HEALTH NURSING.*

NATIONAL TUBERCULOSIS ASSOCIATION—1790 Broadway, at 58th St., New York, Dr. Kendall Emerson, managing director. Pamphlets of methods and program for the prevention of tuberculosis. Publications sold and distributed through state associations in every state. American Review of Tuberculosis, medical journal, $8.00 a year; and Monthly Bulletin, house organ, free.

PLANNED PARENTHOOD FEDERATION OF AMERICA, INC. (formerly Birth Control Federation of America)—A clearing house cooperating with social workers in referring mothers to medically directed birth control clinics in 42 states, including 20 centers in Greater New York. In areas lacking centers, qualified physicians are available. Phone or write: 501 Madison Avenue, New York City. WIckersham 2-8600. Honorary Chairman, Margaret Sanger. President, The Rev. Cornelius P. Trowbridge; Associate Medical Director, Eva F. Dodge, M.D.

MARGARET SANGER RESEARCH BUREAU
17 W. 16th St., N. Y. City. WA 9-6200.
MARGARET SANGER, Director.
Every day 9 A.M. to 4 P.M.
Saturday 9 A.M. to 1 P.M.
Wednesday & Thursday evenings 5:30 to 8 P.M.

Racial Adjustment

NATIONAL URBAN LEAGUE with 51 branches seeks to improve living and working conditions among Negroes. Conducts surveys and research as basis for its services. During war and post-war period specializes in securing full use of Negro manpower in production and reconversion. Publishes "Opportunity," Journal of Negro Life, and other special bulletins on interracial and community problems. Provides fellowships in Social Work and Labor Relations. Gifts solicited. 1133 Broadway, New York 10.

Social Work Personnel

SOCIAL WORK VOCATIONAL BUREAU, 122 East 22nd Street, New York City. National placement and counseling service in case work fields. Membership organization for social workers and agencies. No placement fee. Louise C. Odencrantz, Director.

Youth Organization

B'NAI B'RITH YOUTH ORGANIZATION—Social group work program under supervision of B'nai B'rith Youth Commission, Henry Monsky, Chairman; Julius Bisno, Administrative Secretary and National Director of Boys' Work; Beatrice B. Chapman, National Director of Girls' Work. Operates four programs: Aleph Zadik Aleph and B'nai B'rith Girls for boys and girls in high school, B'nai B'rith Young Men and B'nai B'rith Young Women for young adults up to twenty-five; maintains 16 field offices throughout the U. S. and Canada. Publishes BBYO Program Guide, BBYO Leader, The Shofar and BBG Newsletter. National headquarters: 1746 M Street, N.W., Washington 6, D. C.

EMPLOYMENT AGENCY

GERTRUDE R. STEIN, INC. AGENCY, 64 West 48th Street, New York. Wisc. 7-4961. A professional bureau specializing in fund-raising, group work, institutional, casework and medical social work positions.

PRODUCED BY UNZ.ORG
ELECTRONIC REPRODUCTION PROHIBITED

DIRECTORY OF SOCIAL ORGANIZATIONS

American Red Cross

THE AMERICAN NATIONAL RED CROSS—Administered through national headquarters in Washington, D. C., and five area offices in New York, N. Y., Alexandria, Va., Atlanta, Ga., St. Louis, Mo., San Francisco, Calif. There are 3,757 local chapters organized mostly on a county basis. Services of the Red Cross are: Services to the Armed Forces, Services to Veterans, Relief to Prisoners of War, Blood Donor Service, Disaster Relief and Civilian War Aid, Office of the Medical Director, Nursing Service, Nutrition Service, First Aid, Water Safety and Accident Prevention, Volunteer Special Services, American Junior Red Cross, and Foreign War Relief.

Blind

AMERICAN FOUNDATION FOR THE BLIND, INC.—15 West 16th Street, New York. A national organization conducting research and field service. Library. Mechanical appliances for the blind. M. C. Migel, President; Robert B. Irwin, Executive Director.

Child Welfare

BERKSHIRE INDUSTRIAL FARM, Canaan, New York. A national, non-denominational farm school for problem boys. Boys between 12 and 14 received through private surrender or court commitment. Supported by agreed payments from parents or other responsible persons, in addition to voluntary contributions. For further information address Mr. Byron D. Paddon, Superintendent, or the New York Office at 101 Park Ave. Tel.: Lex. 2-3147.

BOYS' ATHLETIC LEAGUE, INC., 70 Fifth Avenue, New York 11, N. Y. Coordinates the athletic work of 100 Boys' Clubs, Settlement Houses and Community Centres in Greater New York. Gustavus T. Kirby, Honorary President; Judge Raphael P. Koenig, President; Robert E. McCormick, Treasurer; Willard L. Kauth, Director. Sponsors the Benjamin Harrison Recreation Center, 657 Tenth Avenue, the Theodore Roosevelt Recreation Center, 698 Tenth Avenue, The Lincoln Recreation Center, 235 West 113 Street, The Tot Lot, 422 West 49th Street, Camp Sebago, Camp Wakonda and Camp Orenda in the Interstate Park.

BOYS CLUBS OF AMERICA, INC., 381 Fourth Avenue, N.Y.C.—David W. Armstrong, Exec. Dir. A national organization. Serves member Clubs in programs, activities, methods, financing. Organizes new Clubs. BoysclubS prepare boys for responsibilities of citizenship. Activities include recreation, physical and health training, vocational training and guidance, and character building under leadership. Work with boys from low income areas.

BOY SCOUTS OF AMERICA, 2 Park Ave., N.Y.C. Inc. in 1910 & chartered by Congress in 1916 to develop character in boys & train them in citizenship. Programs: Cubbing, boys 9-11; Scouting, 12 and older; Senior Scouting, 15 years and older, available locally through sponsorship by schools, churches, fraternal orders, civic groups, etc. Walter W. Head, Pres., Dr. Elbert K. Fretwell, Chief Scout Executive.

CHILD WELFARE LEAGUE OF AMERICA—130 E. 22nd Street, New York City. A league of children's agencies and institutions to secure improved standards and methods in their various fields of work. It also cooperates with other children's agencies, cities, states, churches, fraternal orders and other civic groups to work out worthwhile results in phase of child welfare in which they are interested.

THE NATIONAL SOCIETY FOR CRIPPLED CHILDREN OF THE U. S. A., INC., Elyria, Ohio. E. W. Palmer, Kingsport, Tenn., President; E. Jay Howenstine, Executive Secretary. Promotes organization of national, state, provincial and local societies for crippled children. Aids in development of their programs. Assists in drafting and securing the passage of legislation in behalf of cripples. Maintains a Bureau of Information with loan library service. Conducts yearly an Easter Crippled Children Seal Campaign. Bulletins, "The Crippled Child" magazine, bimonthly, $1 a year.

Community Chests

COMMUNITY CHESTS AND COUNCILS, INC., 155 East 44th Street, New York. Information and consultation about cooperative planning and financing of social work through chests and councils of social agencies.

Education

NATIONAL WOMAN'S CHRISTIAN TEMPERANCE UNION, 1730 Chicago Avenue, Evanston, Ill., organized in every state, with 10,000 local auxiliaries, presents a program of alcohol education and Christian Citizenship, with which every interested person is invited to assist. Total abstinence from alcoholic beverages and dues of $1.00 per year are the basis of membership.

Family Living

ASSOCIATION FOR FAMILY LIVING, THE. Resource in child guidance, marriage, and family relations. Speakers, counseling, library and materials in youth and parent education. 209 S. State St., Chicago.

THE AMERICAN INSTITUTE OF FAMILY RELATIONS (inc. 1930), directed by Paul Popenoe. Public education, personal service, research. Write for list of publications, 607 S. Hill St., Los Angeles, Calif.

Foundation

RUSSELL SAGE FOUNDATION—For the Improvement of Living Conditions—Shelby M. Harrison, General Director, 130 E. 22nd St., New York 10. Departments: Arts and Social Work, Charity Organization, Consumer Credit Studies, Industrial Studies, Library, Social Work Interpretation, Social Work Year Book, Statistics, Studies in the Professions. The publications of the Russell Sage Foundation offer to the public in practical and inexpensive form some of the most important results of its work. Catalogue sent upon request.

Industrial Democracy

LEAGUE FOR INDUSTRIAL DEMOCRACY—Promotes a better understanding of problems of democracy in industry through its pamphlets, research and lecture services and organization of college and city groups. Executive Director, Harry W. Laidler, 112 East 19th Street, New York 3, N. Y.

Information Bureau

NATIONAL INFORMATION BUREAU, INC., 305 East 42nd Street, New York 17, N. Y. A non-profit Bureau, established in 1918, to improve standards in the field of philanthropy, national and international, and to advise contributors in their giving. It was asked about 750 different philanthropic organizations during 1944. The Bureau investigates agencies and reports whether eleven essential standards as to reliability and effectiveness are met. Bureau members who are eligible for its confidential reports, on approved and non-approved agencies, include individuals, corporations, chambers of commerce, 700 local community chests and councils, and 29 foundations. Publishes annually "Giver's Guide to National Philanthropy," price 10c, and periodic newsletters to members. Inquiries welcomed.

National Conference

NATIONAL CONFERENCE OF SOCIAL WORK—Dr. Ellen C. Potter, President, Trenton, New Jersey; Howard R. Knight, Secretary, 82 N. High St., Columbus, Ohio. The Conference is an organization to discuss the principles of humanitarian effort and to increase the efficiency of social service agencies. Each year it holds an annual meeting, publishes in permanent form the Proceedings of the meeting and issues a quarterly Bulletin. Proceedings are sent free of charge to all members upon payment of a membership fee of $5.

This DIRECTORY appears in Survey Midmonthly twelve times a year.
Rates are 30 cents a line (actual) per insertion. For information contact the Advertising Department.

Penology

THE OSBORNE ASSOCIATION, INC., 114 East 30th Street, New York, N. Y. Telephone CAledonia 5-9720-9721. Activities:—Collects information about correctional institutions and works to improve correctional methods and standards. Aids released prisoners in their problems of readjustment by securing employment and giving such other assistance as they may require. Austin H. MacCormack, Exec. Dir.

Public Administration

AMERICAN SOCIETY FOR PUBLIC ADMINISTRATION, 1313 East 60th Street, Chicago 37A, Illinois. A national organization to advance the science of public administration. All members receive official quarterly journal, *Public Administration Review,* which presents articles on current administrative practices. Discussion groups for members in metropolitan areas. Membership $5.

Recreation

NATIONAL RECREATION ASSOCIATION—315 Fourth Ave., New York City. To bring to everybody in America, young or old, an opportunity to find the best and most satisfying recreational use of leisure time through participation in music, drama, sports and games, arts and crafts, nature activities; and to help secure adequate playground, recreation centers, swimming pools, beaches, athletic field and other recreational facilities.

Religious Organizations

HOME MISSIONS COUNCIL OF NORTH AMERICA—297 Fourth Ave., New York City. The inter-denominational home mission body of 23 denominations. Executive Secretaries, Edith E. Lowry, Mark A. Dawber; Migrant Supervisors: Western, Mrs. F. E. Shotwell, 3330 West Adams Blvd., Los Angeles, Calif.; Mid-Western, Miss Helen White, 203 North Wabash Ave., Chicago, Ill.

NATIONAL JEWISH WELFARE BOARD, 145 East 32 Street, New York 16, N. Y. Frank L. Weil, President; Max Wilner, Treasurer; Joseph Rosenzweig, Secretary; Louis Kraft, Executive Director. A national agency serving as National Association of Jewish Community Centers, YMHAs, etc., and providing welfare, religious and social activities for soldiers and sailors and other members of armed forces. A member of the United Service Organizations.

NATIONAL BOARD, YOUNG WOMEN'S CHRISTIAN ASSOCIATIONS, 600 Lexington Ave., New York City. An international Christian woman movement devoted to service for women and girls and the attempt to help build a society in which the abundant life is possible for every individual.

NATIONAL COUNCIL OF JEWISH WOMEN, 1819 Broadway, New York 23, N. Y. **FIFTY YEARS' SERVICE TO FAITH AND HUMANITY. SERVICE TO FOREIGN BORN**—immigrant aid, port and dock work, naturalization aid, Americanization classes, location of relatives in war-separated families. **SOCIAL WELFARE AND WAR ACTIVITIES**—Council houses and clubs, nurseries, clinics; scholarships, camps, teen-age canteens; work with handicapped. Participation in national wartime programs through educational projects and community activities. **EDUCATION DIVISION**—Contemporary Jewish affairs, international relations and peace, social legislation. Study groups under national direction keep Jewish women throughout country alert to vital current issues. 215 Senior Sections in United States. 100 Junior and Councilette Sections. 65,000 members.

NATIONAL COUNCIL OF YOUNG MEN'S CHRISTIAN ASSOCIATIONS—347 Madison Ave., New York City; 1187 local Associations federated for Christian leadership and citizenship training among young men and boys.

BUY VICTORY BONDS

PRODUCED BY UNZ.ORG
ELECTRONIC REPRODUCTION PROHIBITED

Healthy Families guard Public Health

Public Health is an aggregate of the health of individuals. To make sure of good health habits in the adult let's start teaching the children.

FEEDING OUR OLD FASHIONED CHILDREN **$1.75**

by DR. A. A. ALDRICH and MARY M. ALDRICH

All normal children are hungry. Their instincts teach them how to control their eating. Their approach to food is the first lesson in human relations. In creating self-reliance and making mealtimes a pleasure, the child is taught the first important step toward becoming a self-sufficient adaptable personality.

EXPECTANTLY YOURS **$1.75**

by DR. M. A. CASTALLO and AUDREY WALZ

A gay honest book that tells the Mother-to-be a happy way to care for herself and give the coming baby a good start.

EVERYDAY NURSING FOR THE EVERY-DAY HOME **$2.75**

by E. E. NORLIN, R.N. and B. M. DONALDSON, R.N.

Part I: *Nursing to Keep Well.* Part II: *Nursing When Illness Comes.*

This book gives practical plans for care and protection in health and disease, from infancy to old age. It shows how to meet emergencies in the home, how to prevent illness, how to deal with illness when it occurs. 65 line drawings illustrate nursing procedures adapted to home equipment.

BOOKS TO CREATE GOOD HEALTH HABITS

AS THE TWIG IS BENT **$2.75**

by DR. LESIE HOHMAN

If a child has temper tantrums—refuses his food—is afraid of the dark—tells lies—what is your reaction? The behavior of the adult towards the frailties of childhood may make the difference between a well-adjusted human being or a constantly unhappy one. Unhappiness in the grownup often springs from basic faults that *could have been* corrected before the age of fifteen.

CHILDREN CAN HELP THEMSELVES **$2.50**

by MARION O. LERRIGO, Ph.D.

This book tells the story of a little boy from infancy to adolescence. It describes the health behavior that may be expected at different stages of the child's development from one month to eleven years of age. It also describes normal variations from the usual. Through his home experiences the child forms health habits which may remain with him for the rest of his life. This book centers in the child's own behavior rather than in the parents' care.

Order Now!

DETACH HERE

MEDICAL DEPT.

THE MACMILLAN COMPANY

60 FIFTH AVENUE, NEW YORK 11, N. Y.

PLEASE SEND ME

Charge ☐ C.O.D. ☐ Check enclosed ☐

....COPIES OF .....

....COPIES OF .....

....COPIES OF .....

NAME .....

ADDRESS .....

.....

PRODUCED BY UNZ.ORG
ELECTRONIC REPRODUCTION PROHIBITED